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THE MASSACHUSETTS STATE NURSES' ASSOCIATION

EDITORIAL STAFF

SOPHIA F. PALMER

Editor-in-Chief

MISS L. L. DOCK

MISS ELIZABETH R. SCOVIL

MISS MARY E. CAMERON

MISS KATHARINE DEWITT

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THE AMERICAN JOURNAL OF NURSING

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NO. 1

EDITORIAL COMMENT



WHAT IS MY PLACE?

WHEN a nurse is on duty in a family where several servants are employed, she will often observe that the work of the household fails to go as smoothly as it should because some maid, instead of doing her work honestly and heartily, is stopping to ask whether it is her "place" to perform this or that task. How irritated we feel that the domestic wheels should be clogged by such foolishness! How much more valued that maid would be if she were more intent on being of service and less afraid of being imposed upon. How much better it would be for her in the end. Such workers are always being left by the wayside, and they wonder why. How clear all this seems.

Is there any lesson in it for us? There surely is. There are many earnest, honest women in our ranks who work hard wherever they go, among rich or poor, doing what is to be done and bringing honor upon themselves and their calling. It is very hard for such women to bear patiently the everlasting complaint from the public as to the uselessness of some trained nurses. Yet these complaints would not arise without cause, and the superintendents of hospitals and secretaries of directories realize that we are facing a serious problem which can only be solved by a more earnest, helpful spirit among private-duty nurses.

In every rank of life there are to be found those who are looking for an easy time, but it seems strange that such women should enter the nursing profession, or that, once in, they should stay there, for nursing is not easy work, nor ever will be. All work is more easy, however, when undertaken in a spirit of self-forgetfulness and loving service. If the nurse who shirks all disagreeable duties possible and prides herself upon doing nothing outside her own line would once try

the other way, she would be amazed at the different atmosphere in which she would find herself. She may fancy that by showing a willingness to be useful wherever there was need, she would find herself imposed upon, but in ninety-nine cases out of a hundred it would not be so. The world gives us back as a rule what we give to it, and if we mete out our service grudgingly we shall receive scant courtesy in return, while those who pour out their services lavishly find themselves receiving, all the time, and from every side, unexpected kindnesses which seem to them far beyond their deserts. A nurse whose stay in a family is endured and whose departure is looked forward to with relief, has missed her calling, no matter how skilful she may be. The "place" of a nurse is where she is most needed. She should be the one person in a household whose feelings are in no danger of being injured, and who is ready for each emergency that arises, medical, surgical, or domestic.

In a recent number of the *Outlook*, a business woman writes: "I have learned from experience always to give the preference to a gentlewoman. Her social position is founded on a rock. She is absolutely unafraid of its downfall, and in times of stress will 'dust' as cheerfully as she edited the day before and will edit the day after."

The nurse who is afraid of demeaning herself by putting her shoulder to the wheel, when needed, would do well to ponder the meaning of this. A rule given in the same article for office workers applies equally well to us: "Be always worth to your employer a little more than he pays you."

How inspiring it is, after hearing of the nurse who allowed her patient to do the cooking, and of the one who, finding herself on an obstetrical case in a poor family, refused to do anything *but* obstetrical work, to get the other side of the picture, as we do, for instance, in this extract from a private letter, an unsolicited tribute to the work of a faithful nurse:

"Our dear Miss Young died last Sunday. There had to be an operation and things seemed to be going well when her heart failed. She had given all her strength to others for too long. She was a glory of a nurse if ever there was one, and I am glad I knew such a woman could be."

One of the most successful private nurses we know, writing of the unsatisfactory state of things in the nursing world, says:

"One of the pleasantest cases I ever had was my last one, last January, out in the country. The patient thought she had provided for her illness beautifully, but the young servant girl left when the baby was ten days old. As all her successors were awful, I begged her not to try any more, and we got on

with the help of a young girl mornings and evenings. I had not only my patient and baby but a two-year-old child, still in diapers. The heating arrangements of the house consisted of two coal-stoves and two grates, all of which needed constant attention. There was a grandmother who came over every afternoon, and the father worked hard to do everything he could in the morning. All went beautifully. I cared for my three charges, did not fail in my precautions in surgical cleanliness, the little lad was very good and happy and was started in better habits and given food suited to his age, the house was kept in order and fairly clean, my patient did not get up a day sooner than she would have done otherwise, and she was not allowed to help as she was so eager to do. I even kept the stockings darned in odd moments, and there was an atmosphere of peace and good will which I would not have exchanged for an easier lot. These people did not expect me to do all these extra things, and were at first greatly troubled about it, but I did not give out under the strain at all. It is always easier for me to pitch in and work hard in an atmosphere of trust and affection than to have what is considered an easy case where there is suspicion or distrust."

A leading physician, speaking to a graduating class recently, after enumerating all the hardships of a nurse's life and the personal qualifications necessary for her success, closed his remarks with these words: "Give me every time the woman of common sense, give me the lady." Another physician, in talking with a nurse recently, made the following statement:

"I know there are poor and unworthy doctors, lots of them, but there is this difference between the medical and nursing profession. The best doctors all take medical journals, they attend medical societies, and are continually being stimulated by an interchange of ideas with their fellow-workers. Nurses, on the other hand, even the best of them, don't seem to take much interest in their own periodicals and societies, and so they fail to progress."

Was he right?

NURSING EDUCATION: THE RESPONSIBILITY OF THE HOSPITAL

It is only within a comparatively short time that a few hospital managers have boldly made the assertion that the education of nurses and physicians was of practically the same importance to the community as the care of the sick, and such assertions have only been made by the managers of an exceptionally progressive class of institutions. The great majority of hospital managers would be horrified beyond measure to be told that *their* hospital supported by the generosity of the citizens of *their* community was being classed with the educational institutions of the country. In spite of the fact that such hospitals have conducted a training-school for years, "the imperfect appreciation of their true

scope on the part of their promoters and of the public generally," as Dr. Hurd has so truly said, is, to-day, the most difficult obstacle in the development of nursing education as a whole.

The example of the progressive hospitals and the requirements of State Registration are acting as a stimulus, however, so that we need not feel entirely discouraged in that quarter. Our efforts must be to see to it that developments are in the right lines.

Already the physical welfare of the nurses is being better and better provided for, as is shown in the homes, many of them so beautifully endowed, that are to be found in connection with nearly all of our best schools. It will be but a step to a more universal and broader provision for the professional side of the nurse's education.

We are of the opinion that the most serious defect that exists now, and has always existed, in training-schools, is in an inadequate number of pupils for the work of the hospital. We have never known a hospital that had nurses enough to properly care for the patients and still have time and strength and enthusiasm left for the strictly theoretical side of the training. It goes without argument that our great public hospitals cannot or will not exist without the training-school, and the training-school cannot, or should not, exist without the hospital. The two institutions are inseparable; neither can perform its function without the other. Hospital managers and the public must be brought to a better appreciation of this fact, when the support for both will become more liberal.

Hospital managers are the controlling factors in this line of development. Too frequently a hospital "must wait for death" before it can hope for improvement in its management on any lines. The public has a right to expect that the men and women who lend themselves to this service will keep in touch with progressive measures and see to it that the public is kept informed of the needs of these two important institutions combined under one head. In this whole broad question of the higher education of nurses, the first obligation that rests upon the hospital is to so increase its nursing staff that there may be time both for adequate care of the sick within its walls, and for the proper education or training of the nurses without over-work or over-strain. This means, of course, an increase in the cost of maintenance of the hospital, but it is a line of expenditure which is legitimate, and which conditions demand.

The time is not yet ripe for the universal establishment of nursing colleges, which we believe to be the ideal plan for the future. The nursing college requires an endowment and an experimental stage before it can be made adaptable to the needs of all hospitals.

Training-schools have developed because of a great need first of all for better service in the hospitals. Their growth, without plan or system, is truly wonderful. As thoughtful men and women begin to work together to bring order out of what seems a chaotic condition, it is remarkable that the serious obstacles are so few.

We publish in the Training-School Department the question papers of the New York State examination held in June. We shall refer to these questions in our next issue, when we touch upon the responsibility of the hospital from the teaching standpoint.

MEETING OF THE SUPERINTENDENTS OF HOSPITALS

THE eighth annual conference of the Association of Superintendents, which was held in Buffalo, N. Y., on September 18, 19, 20 and 21, ¹⁹⁰⁶ was one of the most successful meetings that the Association has held.

The keynote of the address of the president, George P. Ludlam, of the New York Hospital, was Hospital Expansion. Mr. Ludlam emphasized the fact that the growth of hospitals had not been in proportion to the development of the country; he urged a broadening of all of the lines of the society, advocating a membership of other officers of hospitals, and dwelt at some length on the privilege of personal service which hospital superintendents enjoy. Later in the meeting the Constitution was so amended as to take into membership the officer in the hospital next in rank to the superintendent, and the name of the Society was changed to "The American Hospital Association."

All of the papers presented were of a high order of excellence, the one calling out the greatest discussion being by Miss C. A. Aikens, superintendent of the Columbia Hospital, Pittsburg, Pa., and associate editor of the *National Hospital Record*. Miss Aikens' subject was: "The Development of a Wider National Association." She pointed out the fact that nowhere in the United States was there a bureau of hospital statistics and as a result of her paper and the discussion which followed it, a committee was appointed to make investigations with a view to the establishment of such a bureau.

The question-box is always one of the interesting features of the superintendents' meeting. One of the questions which gave rise to much discussion was in substance as follows: "Would it not be well for this body of superintendents, who are interested in all departments of hospital work rather than in any one department, to suggest a curriculum for nurse-training schools?" The point was made that the Regents of the University of the State of New York had already issued a cur-

riculum and it was decided to refer the whole broad question of the training of nurses to the committee on the bureau of hospital statistics.

This committee is composed of Dr. G. H. M. Rowe, superintendent of the Boston City Hospital, who will report on hospital construction; Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital, New York, hospital administration; Dr. H. B. Howard, superintendent Massachusetts General Hospital, Boston, medical organization and education; and Miss Mary L. Keith, superintendent of the Rochester City Hospital, on the training and education of nurses.

This committee will report progress in their several departments with such comments and recommendations for expansion as the results of their investigations warrant, and these reports are intended to be the beginning of the bureau of hospital statistics.

As we have already said, the interests of the hospital and training-school cannot be separated; every step of progress and development necessary for the one is important to the other. We consider this action by the American Hospital Association in including nursing education in its subjects for study to be one of the most progressive steps which has yet been taken in the development of nursing affairs.

We regret that the time is so short before our going to press that we must give so brief an account of this most interesting meeting.

THE SPIRIT OF COMMERCIALISM

THE spirit of commercialism will creep into most human affairs, but we particularly regret seeing it appear in the humane professions of medicine and nursing. A hospital in the West advertises in large letters in a daily paper: "Last Call. Only \$19,000 to raise before construction commences on the ——— hospital. This is your last chance to get stock at fifty cents a share. We have sold this stock to some of the best-known business and professional men of ———, whose names spell success for anything they undertake. A few days' delay and the stock will cost fifty per cent. more. Buy to-day and make this profit; the investment is bound to pay handsome returns. Other hospitals are paying the largest dividends of any kind of enterprise on the Pacific Coast."

This is well matched by a school in the East which announces: "The ——— School for nurses has purchased large properties and will extend the benefits of the free course in nursing to young women of every rural community throughout the entire country. The course is two years, but may be shortened to eighteen months by six months'

reading and study at home. The school provides room, board, nurse uniforms, gives full instruction, and pays the student's fare home at the end of the course. A special course is provided for those who cannot spend two years in the study but who wish to quickly prepare themselves for self-support. Nearly two hundred free scholarships will be available this year."

Both these enterprises make an appeal for support on the basis, not of benefit to the public or relief to the sick, but of large financial returns for very small investment of capital or time and study.

How are such things to be controlled? By public opinion? By doctors and nurses working together for the honor of their profession and uniting in a protest against such schemes? How can nurses trained in a hospital run on mercenary principles fail to be affected by such influence? How can women trained in a school that is connected with no hospital know anything about the practical care of the sick? And yet some such enterprises have announced that they are paying dividends of sixty per cent. to the stockholders, all of whom are physicians.

THE EQUAL SUFFRAGE POLICY

THE circular letter appearing in this issue signed by three officers of the Suffrage Association (among whom is Mrs. Florence Kelley, whom all nurses know for her work in the Consumer's League) is one of three thousand which are being sent to women's clubs, leagues and other organizations all over the country, quite irrespective of whether they are primarily suffrage associations or not. It is the most general and inclusive appeal that has yet been made to women's organizations to focus their efforts on Congress itself, and denotes the adoption of a policy that is going to be followed year after year. It has been well demonstrated that no method of impressing legislators with the legitimate desires of the public is more effective than continuous inquiry into, and publication of, their intentions in large public questions. It is therefore most probable that steady and unremitting questioning on this point by associations of women will have a more definite result than any other form of effort.

All associations of nurses who are interested in the whole broad subject of equal suffrage should respond to this appeal. It is Mrs. Kelley's opinion that permanent improvement in the lives of working women and working children will not be gained until equal suffrage is obtained.

AN INJUSTICE TO AMERICAN NURSES

IN a letter written to the *German Nurses' Journal* on openings for German nurses in America Dr. Kiliani, of the German Hospital in New York, after describing conditions here in a very intelligent way, and explaining very sensibly why America is not a certain Eldorado these days, went on to make a statement that we must take exception to as being entirely erroneous and unjust to American nurses, viz., that "unfortunately" American nurses had formed a kind of trade-union and were unfriendly to the foreign nurses and disposed to keep them out. Now, we have considerable knowledge of nurses' organizations in America, but we have never known of one that had any tendency to trades-unionism or to a policy of exclusion where nurses from other countries are concerned, and we feel certain that Dr. Kiliani has been seriously misinformed. Such a spirit may perhaps exist here and there in nurses' boarding-houses. Not in our organizations. And we feel it an unfairness to the long-practised hospitality of this country that such an imputation should be made.

THE CENTRAL DIRECTORY AND THE SLIDING SCALE

THE central directory and the sliding scale are the most vital questions before the great body of private nurses at this time. While we differ from Miss Dock in some unimportant points, we are entirely in accord with all that she says of the need of properly-organized central directories and her suggestion that the sliding scale could be regulated through them would seem to take us a step nearer the solution of the problem of providing skilled nursing care for the great middle class. In its initiatory stage it would seem to be the safest way for the experiment to be tried. After the general public have become educated to the sliding scale through the central directories individual nurses could regulate their own charges, but it must take some years before this could be done, perhaps, with safety.

The central directory, organized under county supervision, we will say, with club-rooms and a library in conjunction with it, seems to be absolutely necessary as a means of holding nurses together and stimulating nursing interests in every large center. This, alone, should be incentive enough for their establishment, but when it has been so clearly demonstrated as in Toronto, that they can be used as a channel for providing skilled nursing care to the great middle class, there would seem to be no possible excuse for delaying their organization. This next year will, we trust, see great strides made along these lines.

THE RED CROSS

THE coming year should see great progress made in the enrollment of nurses for the Red Cross. The lack of coöperation between the nurses of San Francisco and the Red Cross Society at the time of the disaster is already a matter of comment, as will be seen in a report found on another page. The disturbance in Cuba may well make nurses think of the results if a call for five hundred nurses for war service were to be issued by the Red Cross Society or the War Department to be in the field on ten days' notice.

THE SPANISH-AMERICAN WAR NURSES

THE Spanish-American war nurses held their seventh annual meeting in Boston during the first week in September, and elected Dr. Laura A. C. Hughes president. Dr. Hughes is a graduate from the training-school for nurses of the Boston City Hospital, and although she has been for a number of years a practicing physician, she has never lost her interest in nursing affairs, but has been an active worker in the Spanish-American War Nurses' Association and in the State Nurses' Association of Massachusetts, the Boston Nurses' Club, and the alumnae association of her own school. We understand that the membership roll of the Spanish war nurses is now only about one-third of what it should be, but we predict that under Dr. Hughes' popular leadership there will be a large enrollment of new members this year. These war nurses so represent an important epoch in nursing history that they should stand strongly united as promoters and supporters of plans for the improvement of the Army nursing service, first of which we hope may be an amendment to the present Army Bill providing promotion with rank as a reward for satisfactory service for the members of the Army nurse corps.

THE Rhode Island Hospital of Providence has this season sent its orthopaedic children to a summer camp on Narragansett Bay. Through the generosity of Mr. James A. Garland the old Hotel Conanicut, for five years closed to the public, was made available for the use of the children, and under the care of nurses and doctors from the hospital twenty-five little patients have spent the summer by the sea. The improvements reported in tubercular bone cases especially seem quite phenomenal. Sea bathing and nourishment have been the lines of treatment followed.

CENTRAL DIRECTORIES AND SLIDING SCALES**By L. L. DOCK**

It is a good many years since we began talking about ways of meeting the needs of the patients with small means, and very little has been actually done. It was hoped that hourly nursing would largely fill the want, but I see that the last reports from the point where hourly nursing has been most systematically worked out, say that it has only done a part of what it aimed at, chiefly for the reason that, if a patient is very sick, a nurse is needed in the house all the time. Along with this question we find that in almost every annual discussion the Central or General Directory has the floor, and it seems to me strikingly evident that the solution of the one is only to be looked for in the masterly development of the other. The Johns Hopkins Alumnae has given a clear demonstration of the superior effectiveness of an organization over an individual in putting the hourly nursing on a firm basis; the Toronto Central Directory has already tackled the problem of the patient with only small means; the Crerar work of Chicago is the work of an organization, not of an individual;—is it not plain, that the way to work it out, is not by calling upon individual nurses to run risks and break new ground, but by extending and improving our professionally-managed directories and by having them extend their usefulness and their enterprise?

It is a pity that nurses are so slow in seeing how large, active, useful, and commanding a position a solid central directory in every large town could fill, and how much it could do, both for nurses and for the public; it is such a pity that they are too timid or too conservative to give up the dozen small directory plants and unite all their forces in one big, strong one, which could undertake all sorts of things that a small one cannot. Very little can be done in this day and age without coördinate effort, and while some things may be better done by small groups, decidedly the many urgent openings and opportunities of the nursing profession could be much better met by large, unified, collective groups. I am sure the question of providing nurses to the patient of small means can only be answered by the central, controlling directory. First, it could meet the hourly nursing demand, as the Johns Hopkins Alumnae has done. Second, it could employ all the known methods of providing continuous care to the patient of small means, and experiment with new methods. Thus it could try, (a) the Toronto method; or (b) keep a list of nurses who are willing to give time; or (c) maintain a

good corps of untrained attendants; or (d) solicit funds to pay the nurse a regular salary, while the patient pays what he can, as in Chicago, or develop a varying wage scale, as suggested by THE AMERICAN JOURNAL OF NURSING, or make use of all these different methods simultaneously.

Let us consider them one by one. (a) The Toronto method is obviously practicable with a good and well-managed organization, and the larger, more comprehensive it is, and the better it covers the ground, the better work it can do in experimenting.

(b) If planned for on a systematic and general scale, many nurses might be found willing to give some tithes of time who would never think of it if left to their own initiative.

(c) At present trained attendants and untrained are working chaotically and are almost always either imposing on some one or being imposed upon themselves. Now that the nurses have their R. N., I cannot see that it would be beneath their dignity to try to regulate and straighten out the attendants' and untrained women's work and it might help them considerably, besides being a good public service to get them into such places only as they were fitted for. [There is an immense amount of vile charlatanism now in many commercially-managed directories, where dismissed probationers, untrained women, attendants of all grades, women of doubtful morality, and fully-trained nurses are all taken on the same level, and most of this lamentable state of affairs is the result of the incapacity of private-duty nurses to rise to the occasion.]

(d) The Crerar Fund, which pays the nurse the current rate while the patient pays according to his means, is the most righteous thing we have yet for the subject under discussion. It meets the patient, too, in a business-like, impersonal way grateful to his feelings. No wage-earner or small-salaried man likes to ask a nurse to lower her rates, nor does he like to have her give him time if he knows it. But if he understands that there is a systematic provision made by a society or corporation for meeting his wants, he is ready to call upon it, state his occupation and income, and what he is able to pay, as they do under the Crerar Fund willingly. Now, it would be impossible for an individual nurse to get any one to pay her regular prices while she took cases at half-price, but a good prominent association would not find it at all impossible to raise such funds.

Finally, there is (e) the varying scale; i. e., that the same nurse should sometimes work for \$10 and sometimes for \$20 a week, or now for \$5 and again for \$50. It would certainly be most perilous for the average individual nurse to attempt this. This, the whole example of modern industry shows. It could only be safely done under the prestige

and protection of a strong general organization. At least, it could be much more safely, more advantageously done, and in a more orderly and intelligent way. For a general directory can ask questions that the nurse cannot, and can stipulate in a way that she cannot.

By the way, it is not quite accurate to suppose that the present stationary charge of the private-duty nurse is a "trades-union" charge.* Probably no set of workers on earth ever had so little to do with their charges, or can so little take the credit of what they get, as nurses. The trained nurse's price was fixed years ago, when Bellevue was first founded, by the Bellevue managers, who certainly showed in this an uncommon liberality, for thirty years ago twenty-one dollars a week was unusually good pay for any woman. They took no example from older countries, but set the pay for a trained nurse at what they thought was right. The example has been followed all over the country, and nurses have gone out on this basis ever since, without giving their charges a thought. Practically, one may say, they have remained unchanged since that time, for though a small percentage of nurses in large cities and with their own clientele can demand rather more, the average cannot.

When private-duty nurses say they cannot take less than twenty-five dollars because they cannot live on it, not being sure of work all the time or of how many years they can work, they are beginning to realize industrial conditions. The work of a nurse is so very different from that of a physician, who treats twenty cases in a day while she has only one, for perhaps a month at a time, that it cannot be safely argued that she can charge his variable fees.

It is most uncertain that the same woman would be in a position to charge five dollars at one case and fifty at another; or, if here and there an exceptional woman is able to do this, it could certainly never be safe for the average one; besides it is to be noted that the well-known custom of the physician to make up on his rich patients what he loses on his poor ones is now being severely criticised even by physicians themselves. To make a high charge for skill and heavy work is justifiable, while to make a high charge just because your patron is rich and is able to pay it, does not seem, at least beyond certain bounds, to be an example worthy of emulation.

There would seem to be every reason for trying the Central Directory experiment; it offers a safe method of establishing the sliding scale which would refute absolutely the charge made so often by those opposed

* Because employers and employees often bargain together the wages of labor appear fixed, but the steady endeavor of labor is first, to prevent wages from being lowered, and to raise them whenever possible.

to nursing progress that "nursing is a trust, a trades-union" because nurses in self protection have held to a fixed charge; it obliterates school lines, now something of a block in professional progress, and it gives a safe and practical means of providing skilled nursing care for the great middle class.

SPECIAL FEEDING.

(Continued from page 865)

By KATHARINE DeWITT

II. *Bright's disease*.—This is usually a disease of years; a complete cure is not anticipated, but a regimen must be instituted which will give the patient the greatest amount of comfort possible and the greatest aid in continuing his work. It is believed to be caused by alcoholism or improper diet. There is an over-production of uric acid, a functional derangement of the liver; the urine is of a low specific gravity and is passed in larger amounts than is normal; thirst is increased. The points aimed at in treatment are to protect the kidneys from irritation, to strengthen the heart, and to maintain the general health. In early stages of the disease much may be accomplished by dietetic treatment. As the kidneys are the chief route for the excretion of products of nitrogenous waste, foods rich in proteids must be avoided. If a purely vegetable diet is tried, the patient grows too anæmic, and the kidneys are favored at the expense of the general health.

A milk diet is resorted to occasionally—always, during acute attacks—and sometimes it is adopted as a routine measure, once or twice a year, for several weeks at a time. The kidneys are usually so much improved after such a course that some meat can be borne and the patient will grow strong faster. The quantity of milk taken daily will depend on the age and strength of the patient and the amount of exercise he is able to take. From five to seven pints a day are enough for a person confined to his house and room. This is better borne if given at three hour intervals. It is usually better not to begin the milk diet abruptly, but to gradually substitute a glass of milk for some article of food until all others have been withdrawn; and the change to a more general diet is made in like manner. Milk is deficient in carbohydrates, and if the patient loses weight on it, though otherwise it agrees, a little farinaceous food may be added in the shape of rice or bread. The mouth must be thoroughly cleansed after each feeding to prevent the bad taste and consequent disin-

elination for milk which may interfere with the success of the diet. If the patient tires of plain milk, it may be flavored in some way or given with bread or in the form of a puree. If a patient cannot assimilate milk a diet may be tried for a time of fresh vegetables, fruits and salads. In returning to general diet, the nitrogenous food should not bear a greater proportion than one to four to the non-nitrogenous. Sometimes only white meats and fish are allowed for animal food—dark meat contains more proteids, weight for weight, than white, but is often allowed if taken in proportionately smaller quantities.

Patients must be cautioned against over-eating. No alcoholic beverages are allowed. Other articles forbidden are soups meat extracts, cheese, spices, condiments, radishes, asparagus, celery and mushrooms. Eggs must be used in moderation, if at all.

III. *Diabetes*.—Diabetes is a disease whose cause and character are almost unknown. It is not a disease of the kidneys, but of the whole system. The sugar-destroying power of the body is gone, and all sugar taken into the system—also all starches, which are transformed into sugars during the digestive process—fail to be assimilated and must be thrown off by the kidneys, giving these a vast amount of extra work to do. There is a constant presence of sugar in the urine and accompanying symptoms are hunger, thirst, nervousness, and emaciation. A patient may drink from ten to fifteen quarts of water a day, when left to his own guidance, but drinking does not quench the thirst. The saliva is thick and frothy, the mouth dry. The urine is increased to two or three times the normal amount.

This is preëminently a disease to be treated by dieting, as by proper feeding the patient's life may be prolonged. Medicines have little or no effect. Half the cases of diabetes are fatal in less than three years. Some are apparently cured, but the patient must always watch his diet. The points aimed at in treatment are to maintain the patient's strength, to increase the sugar-destroying power of the body, and to avoid complications. The carbohydrates are restricted or omitted from the diet, and the amount of nourishment thus lost is supplied by other food principles. This is a difficult task, as most people obtain from one-half to three-fourths of their energy from the carbohydrates. Proteids and fats must be increased, especially the latter, as they probably do not produce sugar and proteids do, a little.

The amount of carbohydrates allowed depends on the severity of the case. There are three classes of patients: First, those who cease to have sugar in the urine when they are not taking carbohydrates, but show a return of it when these are added to the diet; second, those who can stand a small amount of carbohydrates without pro-

ducing more sugar; third, those who show traces of sugar even when on the strictest diet. The last are the severest cases. Patients are usually put for ten days, at first, upon a test diet from which all carbohydrates are excluded, taking meat, fish, eggs, green vegetables, and butter. The daily output of sugar during this time is estimated, if it ceases, known quantities of bread are added to the diet, and the urine is watched closely to see what amount can be tolerated. Every case must be treated individually; there is no diabetic diet which will apply to all. The weight in all cases must be watched; a constant loss of weight is bad. Two days must be allowed for getting the effect of any change in diet. Fat persons can stand a restricted diet better than thin ones can. Diabetics always miss bread and crave it; the tissues need it, but can not assimilate it. This is usually the article chosen if a small amount of carbohydrates are allowed. The doctor will order a certain daily allowance, perhaps from four to six ounces, and this is better given in divided portions, as that method gives greater satisfaction. Potatoes contain less starch than bread and are sometimes given instead. Fat is a very important element of the diet and must be pushed, one quarter of a pound a day being a not unusual amount. It is easier to get this down with the carbohydrates, if any are allowed; toasted bread can be heavily buttered, potatoes can be made into a puree with butter and cream. If none are allowed, the butter can be given with eggs, scrambled or fried, or on fresh vegetables, or as a sauce on fish. Salad can be given frequently with a good deal of oil. The use of an alcoholic drink with a meal helps these fats to digest.

Thompson gives the following list of foods allowed:

Proteids.—The whole animal kingdom. For a very strict diet, avoid oysters, clams, liver and sausage. Fat meat and fishes are to be preferred to lean.

Fats.—Butter, bacon, pork, eel, mackerel, sardines, salad oil, eggs, cheese, and thick cream.

Carbohydrates.—Green vegetables contain a little and may be given—asparagus, celery, rhubarb, tomatoes, vegetable marrow, cucumbers and mushrooms.

Albuminoids.—Gelatine may be used, but jellies must be made without sugar.

Milk.—Most doctors think this increases the sugar, but it is sometimes allowed for its good general effect. A kind of "diabetic milk" is sometimes prepared by putting it through a process which frees it from sugar. Cream is usually allowed; the thicker the better. Junket and kumiss are forbidden.

Breads.—Many things have been tried as a substitute for flour for diabetic breads—gluten, oily nuts, bran, etc. These are mostly expensive, unpalatable, and not very nourishing. Gluten bread does contain a little starch and the patient, feeling that it is perfectly safe, may eat too much of it.

Fruits.—These are permitted in most cases, especially sour oranges, strawberries, gooseberries, apricots and melons. Nuts are allowed.

Beverages.—Water is best. Citric acid lemonade, made with saccharin or glycerine instead of sugar, sometimes helps the extreme thirst. Cocoa is often forbidden, but contains little starch and is not very harmful. It must be made with water or diabetic milk. No malt liquors or sweet wines are given.

As diabetics suffer from hunger, and the meals are small, it is better to have them frequent. Five a day may be needed. Only two or three varieties of food are given at a time, but each meal should be satisfying and attractive. It is more important that the patient's meals be well cooked and appetizing—and therefore easy of digestion—and that the nurse use great ingenuity in making a variety, from one day to the next, from articles allowed, than that any set rules for feeding be laid down. She should always bear in mind the fact that it is easy to over-feed in chronic cases.

HOW CAN THE INDIVIDUAL NURSE MAKE STATE REGISTRATION OF VALUE ?

By MRS. EDITH BALDWIN LOCKWOOD

I WAS asked to read a paper on "Professional Ethics and Etiquette," and, in spite of conscientious effort, I find that paper evolving into, "How Can the Individual Nurse Make State Registration of Value?" If I can show that she does this through a knowledge and practice of professional ethics and etiquette, perhaps I shall acquit myself before my sponsors.

State registration is secured after much hard labor, and now it must be kept at a high standard to make it of value. If a registered nurse represents only mediocrity, then registration is only of mediocre value. It has often been urged that the practical or untrained nurse is just as good or better than the professional or trained nurse. If registration is to be of any value, we must individually prove this untrue. We must

* Read at a Meeting of the Graduate Nurses' Association of Connecticut.

each one be better in every way than any untrained nurse can be, not by derogating her but by making ourselves superior. If the substitute offered is just as good, we cannot expect discriminating choice from a public. It is the pioneers in any movement that set the standard, that make the end achieved lasting and of value in the years to come, and only as it is made of worth by their superiority will it be lived up to and kept high by their followers.

We must, as individuals, as well as a body, make progress. If we, as individuals, lack, we ought to expect to step from the ranks; for if it be said of one registered nurse that she is below the standard the cause of registration is injured thereby. Being registered, if we are poor nurses, will not help *us*, but our being registered will materially harm the cause.

Don't you think nurses as a rule are a narrow-minded people? I think it will be an interesting psychological study in a few years, when our infirmary for graduate nurses is established, to see what kind of old women nurses will make. Will we be a lot of gossiping old busy-bodies, or will we show noble character development? Let us strive for the latter, for that home will be an awful give-away of what nurses develop into.

The average nurse when appealed to regarding registration asks, "How is registration going to help me?" Haven't we all heard this? But seldom do we hear, "How is my registering going to help the profession?" Yet this is the attitude that we must take to grasp its full worth. Registration, if the women who register are women of worth in their profession, is going to benefit and elevate the whole profession, and what benefits the whole benefits each member; but to get gold out, you must put gold in. If my registering will help the profession, then it will help me.

Once through the training-school, we are a little apt to think we know it all. We cast aside those restrictions and rules that have governed us there, reserve such tenets as seem to agree with our own moral code, add to that our individual nursing experience and plod along, too conservative to keep abreast of progress, and soon we are behindhand and don't know it. Then we just work on at our *trade* merely as a means of livelihood. In the awaking of the profession to demands for its registration as such, this fact is brought to light, that many nurses are working at nursing as at a trade, never having grasped it as a profession. How is nursing as a profession distinguished from nursing as an occupation, a means of livelihood? In my book of synonyms I find profession listed with vocation, calling, faculty, art, and the dictionary says, "an occupation involving special attainments and special discipline." We know

those special attainments are mental, moral and physical strength, and a natural fitness for nursing; and the discipline, what we spent two or more years in the training-school to acquire. All these go to make up a profession. It is none too common a combination,—mental, moral and physical strength, all three; and added to these special fitness for a particular thing and two years' study, practice and discipline. Ought not all that make one capable of more than working for wages? It does, if we have all those qualifications and keep them in daily use. It gives us a sense of what is professional, of what is due from us to our profession, and from our profession to our patients.

Nurses, both during the period spent in the hospital course and after graduation, are apt to consider the restrictions and conventions of the school merely as infringements on personal liberty, to be evaded, if possible, when in the school and discarded on leaving. These rules and conventions are, if rightly interpreted, as much a part of our professional instruction as surgical technique, and a nurse is as unprofessional in disregarding one as the other. We were not taught professional etiquette and demeanor merely for practice when we were in the school, but to make us worthy of our profession. The same principle of no intercourse between nurse and doctor, nurse and patient, or nurse and family, holds just as true for private work as for the hospital ward. I do not deprecate or undervalue the close personal sympathy which a nurse is often called upon to give, and which is to a certain type of patient a necessity and a help to recovery, but we must be sure to give it in such manner that our professional attitude of impersonality be maintained. We may receive confidences, sympathize and comfort, but we must avoid the feminine pitfall of giving confidence for confidence, for we thereby sacrifice the professional attitude. Our duty is to the profession, the profession's duty is to the patient, and our relation to the patient as an individual can, and should, be so impersonal that, be the conditions what they may, no element of self, *our self*, shall enter in. To be professional, we must eliminate self in our work. We are but the component parts that go to make up the whole of our profession. No matter how able we are, until we can eliminate self, we are working at our trade simply. One of the rules of our schools, and a well-founded one, is that no nurse may accept gifts from patients. Many pupil nurses do, many a graduate nurse does, and sees no harm therein, and from the individual personal standpoint perhaps there is none, but from a professional point of view the nurse's personality is eliminated, she standing as the representative of her profession. When she accepts a gift she brings herself into intimate personal relation with her patient, putting herself on the level of

personal friend, or as accepting a gift for personal service as a servant. Neither attitude is professional. The regular charges for a nurse's work do not come in any such category. They represent an established value of the profession's service to illness. This is just one instance of lack of professional appreciation. Another is the nurse's relations with the family; another, with the servants. I think you will agree with me that in private nursing our professional attitude is open to criticism in regard to our relations with servants. Each one has her own code of getting along with them, but how often it proves inadequate! I have a theory, which my short term of private nursing did not give full enough test to warrant my offering it to you, but I wish we might have an open discussion of the matter.

A problem that confronts not only the board of examiners for candidates for registration, but every worthy member of our profession, is the keeping our state register free from undesirable names. Not only should the specified guilt of felony, crime or misdemeanor bar, but unprofessional conduct, immorality, improper conduct, all should be so defined by our code of ethics that we need have no unfitting person on our register. The coöperation of every nurse is required for this. If women who are not striving to become of value to the profession are to be registered then registration loses its value. Only in putting the best in shall good come forth. What we as individuals stand for is what registration is to be worth. How careful, then, each one of us needs to be when asked to sign the necessary certificates recommending nurses for registration. It is not sufficient merely that we don't know but what she is worthy; we should know that she *is* worthy. We should have that close acquaintance with her work that we know it to be of high quality and done in a professional manner. We should know that her moral character is beyond question, that her habits and associates when off duty cast no reflection on the profession; all this we should *know* to be so ere we risk our own good name vouching for her.

Connecticut is notorious for its acts passed by the legislature that are unenforced and of no value. There is a law that all tires of wagon wheels used on dirt roads shall be of a certain number of inches in width; no charge has ever been brought against anyone for using narrow tires, and the conditions are just the same as if no law had been passed. We have legislation protecting the nursing profession, but if we do not strive to keep undesirables out, it will be as valueless as the wide-tire law. And this does not mean simply keeping women who are not graduates out, it means keeping all unprofessional, inadequate nurses from the register. An instance under my observation not long since, is a regret-

table sample of what we must keep out of our registry. A graduate nurse, so far as I know in good standing, a member of her school's alumnae (I do not know if she is or is not a member of this association), employed to care for the wife of a resident in one of our "summer colonies," involved herself in so noticeable a flirtation with her patient's husband as to afford a gossip topic for the whole colony. It is not within our province to judge of the man's responsibility; his ethical code is a personal one; hers was our profession's, and therefore she was entirely to blame. She asked for a second nurse on the case when one was needed as much as I need two nurses now, and spent her time off duty riding and sailing with her patient's husband. She even wore her patient's gloves! Our whole profession was judged by that woman's actions. She was a graduate trained nurse. Is she eligible for registration? What value will registration be if she is? And is it not a fortunate thing that we secured registration so that we can cope with and discriminate against such a woman as this?

What shall be the standard by which we shall judge? This opens up the subject of a code of ethics for our profession. I recently wrote to six different firms selling text-books on nursing, for what books they had on nursing ethics. I heard of only one book, Isabel Hampton's "Nursing Ethics," and I wonder how many of us own that. There seems a lack of appreciation of this need, or there would be more works on the subject. "Medical Ethics" undoubtedly supplies nearly all we need, but there is so much that does not apply that we need it sifted for our use. Ought it not to be a part of our association's work to draw up such a code, simple, not too extensive but covering the points of professional conduct? No nurse but would find it of value, not only for deciding questions arising from time to time, but by its suggestiveness keeping us from growing lax in these matters. I appreciate too well the amount required from the nurse in training and the amount required of her teachers, not to realize how impossible it seems to add more to the curriculum, but I truly believe that if we would give the student nurse more instruction in professional ethics, even at the expense of *Materia Medica* and anatomy, the profession would profit. Nowhere does the responsibility of the intelligent woman for the existence of standards urge more strongly to action than to us here.

Again, when off duty we still belong to our profession. It is by no means unnatural to think that we are free from restraints or criticism, but are we? We are members of that profession whether occupied at the moment or not and we are responsible to it. What we as individuals do, will reflect for credit, or otherwise, on every member of the profes-

sion. We should make our lives above reproach, on or off duty, lest it reflect on the profession, and also keep the profession clean, pure and worthy lest it reflect on us.

There are few professions that combine, as nursing does, both physical and mental effort. Much professional work is purely mental and finds in physical exertion its offset. With us the physical and mental work are coincident. The irregularity of the life of a private nurse, in work, sleep, meals, length of cases and accommodations, are too well known to be mentioned but the effect of their strain, added to the physical and mental work, leaves any nurse who has given the profession's due to a patient for a case of ordinary length, in need of systematized rest and recuperation. First, rest in the form of mental and physical relaxation, and following that, recreation, re-creation in its literal sense as well as the accepted meaning of the word. Physical re-creation, then, in the form of good nourishing food regularly taken. We can, if we must, get on with short rations, irregular meals and poor food on cases, but we owe to ourselves and to the profession, when off duty, to take plenty of strengthening and nourishing food. It is not only false economy but hazardous to try to economize on food as so many of our nurses living in nurses' homes do. The body and mind rested and the body nourished, mental re-creation in the form of study and progress along professional lines, is in order. If a nurse passes time between cases without giving to her mind new professional food, it is as if the teamster put his horses in the barn at night to rest but did not feed them. Let this study be something definite, something more than a desultory reading of nursing magazines, or even a text-book. Of almost if not equal importance with professional study, is the pursuit of an avocation; be it music, flowers, a language, birds, or even embroidery, a something to be accomplished outside of professional work is a desideratum for every nurse. It keeps the mind broadening and balanced and is one of the best preventives of the much-to-be-deprecated shop talk and gossip.

Lastly but by no means unimportant, is recreation in its pure sense of play. Let it be in whatever form desire dictates, be it theatre, dancing, picnic, excursion, what we will, only stipulating for purity of thought and purpose and playing in such a way that it keeps the spirit of play, which is youth, ever fresh in us, and so that our profession can feel no shadow of harm from our action.

THE RENAISSANCE OF THERAPEUTICS

ABSTRACT OF ARTICLE BY DR. RICHARD CABOT

IN a recent number of the *Journal of the American Medical Association*, Dr. Richard C. Cabot writes of "The Renaissance of Therapeutics," an article full of interest to nurses. We give an abstract of it for the benefit of those who have not seen it.

Therapeutics deals with the remedial, practical side of medicine, as opposed to the theoretic. He says a large portion of a physician's labor must be spent in finding out where a trouble lies before applying a remedy, but he thinks perhaps in the past there has been some temptation to become so interested in diagnosis that one's energy flagged before the question of treatment was reached, "like the man who went back so far for the run preparatory to jumping the brook that he forgot to jump it at all." For instance, patients with tuberculosis were given advice, general directions, and various prescriptions. If the patient were discouraged at the programme offered, he was allowed to drift away. "The new method is to reinvigorate the patient's courage: (a) by long, patient, and repeated explanations; (b) by taking a personal interest in his cure; (c) by the class method whereby one discouraged patient gets hope by hearing and seeing the success of the treatment in other cases; (d) by taking up and helping him to solve some of the practical objections to carrying out the cure which are likely to arise in his mind."

"This supervision of details is best carried out in this, as in all fields of therapeutics, by a nurse. Most women are far better at such things than most men, and the visiting nurse is coming to be as essential a part, I believe, of the therapeutics of this as of many other types of disease."

He gives the following essentials of the aggressive treatment of any disease:

- "1. We take the patient into our confidence.
- "2. We tell him the truth.
- "3. We attempt to meet the mental side of the problem by appropriate mental treatment.
- "4. We try to meet the material side by calling on the resources of relatives, friends, neighbors, etc.
- "5. We pay patient and long-continued attention to the details of his treatment."

Later, he refers to school inspection. "The old method was to have the school physician call at the school and examine any children

who had complained to their teacher of feeling sick. The physician's attitude was characteristically passive. If the disease were contagious he would send the child home and demand isolation; if the case was non-contagious, he would recommend the child's family to do something about it. The new method is to make a general physical examination of every child in the school at least once a year, whether it complains or not, and if, as is usually the case, a large proportion of the children are partially deaf or partially blind, the authorities do not rest content with good advice to the parents. Instead of this they come to close terms with the actual details of their problem in the way which experience shows to be the best and surest, namely, through a nurse."

Dr. Cabot next considers the increasing and intelligent interest taken by the public. "The great and beneficent activity against tuberculosis which has recently sprung up all over the country would have been impossible but for a wholly new attitude on the part of the public. The lay public is now doing fully as much as the physicians in this matter. The tuberculosis exhibits, the new hospitals for phthisis, the laws against spitting, the free examination of sputa and free disinfection of homes, are made possible only by the new interest and by the consequent liberality and coöperation of the public. The lay public must pay for these things and it must coöperate to make them effective; not infrequently it goes further and itself initiates the reform."

"That we shall limit this medical education of the public to the single subject of tuberculosis I do not for a moment believe. About malaria, typhoid, yellow fever and other diseases the public must be given the fullest information that we can make them take, if we are to fight these diseases successfully. By slight, hardly noticeable steps, we have arrived at a standpoint commanding a prospect that would have astonished our fathers. We are teaching the public medicine as fast and as far as we can. The fear of alarming them, of leading them to brood over imaginary ills, and to attempt recklessly to doctor themselves proves groundless. Why? Because the public has already drank as deep as it can of the ills which we are now so fearful lest they taste. The public is already as groundlessly and nervously alarmed about disease as they can be made by the skill of advertisements intended to produce just this effect. The public will have some ideas about health and disease anyway, and the less we do to spread true ideas the more absolute will be the sway of the false and pernicious legends which are now foisted on them. The people will doctor themselves anyway, many of them, and the blacker their ignorance of health and disease the more they will do it and the worse will be the result."

Finally, he speaks of the place of women's work in therapeutics. "No one can fail to be impressed if he observes the steady increase in the amount of therapeutics now recognized to be best carried out by women. It has long been true that in the division of labor between doctor and nurse the doctor has made the diagnosis and prescribed the treatment, the nurse or the house-mother has carried out the treatment. It has also been long recognized that male nurses are seldom a success. There is in women a strong natural taste and aptitude for the very work of detailed therapeutics which we call nursing, an aptitude very conspicuous by its absence in most men.

"Within ten years we have witnessed a very interesting development in the functions of the nurse. We have now not only the nurses trained for massage and for physical therapeutics of other physical types, but the Nauheim bath nurses, the school nurses, the nurse who teaches and directs infant feeding. As fast as any branch of physical therapeutics is worked out to any degree of perfection we find it economy of time and labor to hand it over to those naturally fitted to carry out its details with the patience, tact and deftness that come from natural instinct and aptitude.

"In the newer psychic and physiologic fields which medicine has begun to invade I have no doubt that women will find a large field of usefulness. Social work and psychic therapy as they are practised independent of medicine are now overwhelmingly in the hands of women, and I see no reason for shifting these forms of therapeutics into other hands when they come to be more fully recognized and assimilated by medical practise. The effective application of all therapeutics (if you except surgery) is women's work."

ECLAMPSIA

BY ESTELLA CAMPBELL, DES MOINES, IOWA

Graduate Illinois Training-School

As eclampsia is generally considered the most serious complication of childbirth except hæmorrhage, we should have a perfect knowledge of the disease. Although it is said to occur but once in each three hundred and thirty cases and is not met frequently by the nurse, it is of such a serious nature that it requires the most skilful attention when it does occur. The following definition of eclampsia is given us by Dr. Jewett: "An acute morbid condition making its advent during pregnancy, labor, or the puerperal state, which is characterized by a series of tonic and clonic convulsions affecting first the voluntary, then the

involuntary, muscles, accompanied by complete loss of consciousness and ending in coma or sleep."

The convulsions in eclampsia are most horrible and come on suddenly, although there may have been premonitory symptoms such as headache, restlessness and insomnia, dizziness, vomiting, pain in pit of stomach, blurred vision, unusual irritability, and a lessened secretion of highly-colored urine. The occurrence of any of these symptoms should be reported at once to the physician, as it is possible in some cases to avoid an attack, if preventive measures are taken early. Eclampsia sometimes occurs early in pregnancy, long before the nurse's duties have begun with the patient, and these early attacks are more serious as a rule than those which occur later, or during delivery. When a nurse is present during an attack, she should give attention to the patient's tongue, as it is sometimes bitten or may fall back and cause the patient to choke. The convulsions usually cease when labor is ended, but may continue for several days, and death may follow some time after the delivery. It is the nurse's duty to note the amount and character of urine from the time she takes charge of a pregnant patient, as reports of obstetricians show that eclampsia is caused largely by renal diseases, although a number of cases have been observed where there were no renal disturbances. The danger of eclampsia, however, is materially lessened where sufficient urine is passed. During pregnancy, all elimination should be kept up freely. When a patient, during gestation, shows a tendency toward albuminuria, she is kept upon a non-nitrogenous diet and sometimes upon a strictly milk diet.

The maternal mortality in eclampsia is estimated at thirty per cent. while death to the fœtus occurs in at least fifty per cent. of these cases; one severe convulsion may kill the fœtus.

A child born of an eclamptic parent should receive the most careful attention, on the part of the nurse, as its vitality is very much reduced and supportive measures are necessary. Only too often these little lives are lost during the first twenty-four hours.

Eclampsia is more frequent in primiparæ than in multiparæ but in whatever case it may occur, it is an emergency of the most severe character and requires skilful, alert attention. It is a sad fact that eclampsia is often followed by insanity, apoplexy, and Bright's disease.

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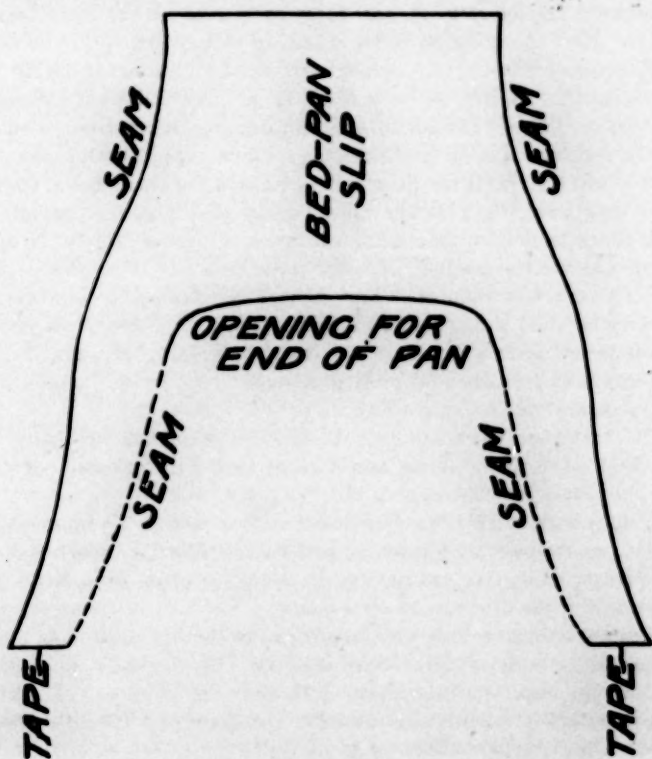
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PRACTICAL SUGGESTIONS



HERE is a pattern of what I call my bed-pan pad; it has been a great comfort to my patients. For material, I use cheese-cloth, and always make two. They are easily changed and washed. I put a thick



piece of common cotton inside so that the patient does not come in contact with the edge of the pan. I sew tapes to the ends and tie them around the spout to keep the pad in place. I have found it especially

valuable in typhoid-fever cases, where there is so much danger of bed-sores.

A. B.

[NOTE.—This is an excellent device for use with the "Slipper" bed-pan, but does not fit the "Perfection," which is now so generally used. Has any one invented a cover for the latter?—ED.]

I wish that through our JOURNAL some one would tell me how serious results can take place in young infants from the effect of too strong light before the eyes. I always try to avoid any steady glare, like an electric light, or even if the babe is in the shade out of doors, I avoid its looking at the sky, and, on cloudy days, the light that comes from a certain kind of a cloudy sky and which is too strong for even the eyes of a grown person. In the hospital, we used to think nothing of having a bright electric light on, when necessary, and had as much light in the room as desired though some of the windows might admit a great deal of sunlight. With sick babies, we always got them out of doors, thinking very little of the light. But I find that old people are very particular on the subject, and it seems reasonable, for the eyes must be as weak as the body of the infant in comparison.

Could any form of ophthalmia neonatorum be caused by an infant's looking at an electric light when only one or two days old? and could astigmatism, myopia, or weak eyes, come in any way from a baby's eyes being exposed to too bright light out of doors?

MEMPHIS.

[In reply to the above query I would say: It is very generally known that men who have been unwise enough to look directly at the unclouded sun have frequently suffered total loss of function of the central portion of the retina of one or both eyes, and vision has been permanently impaired. Oculists frequently see cases of so-called electrical ophthalmia, due to exposure of the eyes to strong arc lights, or to unexpected "flashes" from short circuits. Blacksmiths, glass-blowers, puddlers, stokers and others whose eyes are frequently exposed to strong light suffer from chronic and sometimes incurable inflammations of the choroid and retina, occasionally terminating in total blindness. Book-keepers and others who work facing strong light, especially electric light, often suffer from a true inflammation of the same delicate structures, but in a lesser degree. We all know how distressing, almost painful, it is to come into bright sunlight from a darkened room.

The above facts illustrate the possible bad effects of strong light upon the unprotected eyes of adults. The new baby comes suddenly from

a world of absolute darkness, and unfortunately is able to open his eyes almost immediately to a flood of light which they are not prepared to bear. If this fact is not borne in mind by the nurse or the accoucheur damage may be done from which the child may suffer as long as it lives. Astigmatism could not be so produced, but it is easy to understand that an eye so weakened might develop myopia. Ophthalmia neonatorum is due to infection, and is never caused in any other way, but an eye weakened and irritated by too much light would be more easily infected after birth. It would be wise to protect the eyes of all babes in arms from direct sunlight at all times, and the eyes should always be protected from strong light of any kind during sleep.—CASSIUS D. WESCOTT, M.D.

In feeding convalescent typhoids many nurses are puzzled for variety. The following have been used with success. As soon as your patient can be trusted to spit out all fibre, take juicy round steak, cut into pieces suitable for chewing, have a pan hot, sear the meat on all sides, keeping in the juice, salt a little and put on a hot plate. In chewing this the tongue is cleaned, the saliva starts, and the patient is nourished. Gelatines can be made in numerous ways mixed with fruit juices, arrowroot in thick gruel or pudding to eat with cream, soups with rice, cooked several hours, oyster broth, clam broth, raw egg with orange juice, rice cooked three hours. A little later come soft boiled egg, baked potato, baked apple, toast and fish. F. B.

While on an obstetrical case, nine miles from the doctor, and with no telephone, the patient's breasts filled rapidly and became very painful. I applied antiphlogistine to the breasts, leaving just the nipple uncovered. In two hours the patient was greatly relieved, and in twenty-four hours the antiphlogistine was removed. The patient was so nervous that she could not endure massage at first, but after the use of the antiphlogistine what massage was necessary was borne quite comfortably. L. M. A.

How many nurses have the bed raised if it is too low to work over comfortably? I have people get blocks of wood, six inches square, and of the desired length—never less than eight inches, often more—and put one under each leg of the bed. That brings the patient up where lifting is much easier and saves many a back-ache, especially if much bathing or rubbing is necessary. L. M. A.

In "Practical Suggestions," A. E. refers to the use of two basins and two wash cloths in giving a bath.

For some years our superintendent of nurses has made her pupils commit to memory the following named articles as necessities in giving a bed bath: Two bath blankets, two basins, two wash cloths, two towels, pitcher of water, slop-jar, alcohol, soap.

A PUPIL NURSE.

In giving either a high or low enema, a soft rubber catheter is much better to use than a hard point.

F. B.

Peach stains will yield readily to a treatment with spirits of camphor. Soak for a while in the camphor and then wash in pure water.

A solution of powdered alum in water, a dram to a quart, or stronger, is sometimes ordered to be used in giving flushings to patients troubled with flatulence.

F. B.



DR. LUCY RYDER MEYER, writing in the *Deaconess Advocate* of an interview with Lady Henry Somerset, gives the following:

"Have you any message for our American women?" I asked. "For my girls especially? You know I have two hundred or so every year in the Bible Training-School."

"Give them my love and tell them not to think the time wasted that they spend in training. Do emphasize to them the value of training—it cannot be overestimated. Not only your missionaries, but your nurses. Do not send them out till they have their diplomas."

I told her of our hospital ways; that it is difficult for a woman to get work as a nurse anywhere unless she has her diploma.

"That's as it should be," said she, nodding her head. "I will have nothing to do, if I can help it, with any but thoroughly trained nurses."

You will find as you look back upon your life that the moments that stand out, the moments when you have really lived, are the moments when you have done things in a spirit of love.—*Henry Drummond*.

"UNQUESTIONABLY," says Judge Lindsey, of Denver, "drink and desertion of families by fathers is doing more than any other one cause to force parental responsibility upon the state."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE INFLUENCE OF AN EXCESSIVE MEAT DIET ON GROWTH AND NUTRITION.—The *Medical Record*, quoting from the *Lancet*, says: "D. Chalmers Watson in 1905 drew attention to the remarkable increase that had taken place in the consumption of animal food in England during the past fifty years (see MEDICAL RECORD, July 22, 1905, page 152, for abstract). During the past year he has made observations on the influence of a meat diet on the growth and general nutrition, and the paper deals with the clinical results obtained by feeding rats on an exclusive flesh diet. A summary of his results shows that growth is retarded, sterility is induced if the diet is commenced in very early life, the power of lactation is diminished, a permanent weakening of the resisting power of the animal is induced by the use of an excessive meat diet in early life, the animals succumbing to disease at an unusually early age, and there is a high death rate in the offspring of animals fed on an excessive meat diet."

SOME UNHEEDED PRINCIPLES INVOLVED IN THE DIETETIC MANAGEMENT OF INFANTS IN HOT WEATHER.—At the meeting of the American Medical Association in Boston, Dr. Godfrey R. Pisek of New York City presented the following conclusions: (1) In warm weather keep a light woolen garment over the abdomen to prevent sudden chilling of the skin and consequent heat retention by suppression of perspiration. (2) Bathe infants twice daily. (3) Give plenty of cool boiled water to drink, to replace that lost by evaporation. (4) Pasteurize the food to retard its decomposition. (5) If the weather is close or muggy, or the humidity is high, dilute the food with one-half boiled water. In very humid weather, with high temperature, stop milk altogether, and feed gruels until the humid condition is past. (6) On warm, humid nights do not give milk feedings, because the humidity is higher at night than in the daytime. (7) For diarrhea give calomel or castor oil to eliminate decomposing food. Stop all milk feedings temporarily. If the air is hot, but dry, milk feedings may be resumed quite rapidly. If the relative humidity is high, feed gruels to reduce heat production and also to

starve out putrefactive bacteria and cautiously get back to the milk feedings. (8) Provide a circulation of air, as stagnant air soon becomes saturated with water vapor and no more perspiration can evaporate and absorb heat.

CAUSES OF COATED TONGUE.—The *Journal of the American Medical Association*, in an abstract of a paper in *Berliner Klinische Wochenschrift*, says: "Rollin presents evidence to prove that the microscopic findings in the fasting stomach are identical with those of the tongue. He has also demonstrated that in case of hyperacidity the blood is nourished more than in normal conditions, and in case of lacking acidity, it is nourished less. The over-nourished blood induces hyperemia, increased metabolism and consequent throwing off of the superficial epithelium. In such conditions the tongue throws off its epithelium and appears red and clean. In case of lacking acidity, the metabolism is depressed and the epithelium is not thrown off but remains as a coating. The coated tongue is thus the result of anemia, and the anemia he ascribes to the lacking acidity in the stomach."

A MEANS OF PREVENTING DERMATITIS FROM X-RAYS.—The *New York Medical Journal* says: "At a recent meeting of the Société de Chirurgie de Paris, Bazy described an expedient which he had found effective in preventing burns of the skin during radiation. It was simply to filter the rays through a rather thick layer (4 to 5 centimetres) of absorbent cotton."

USE OF HOT SOLUTION OF SODA IN THE DISINFECTION OF FLOORS.—*Gazetta Medica di Roma*, as quoted by the *Medical Record*, has the following: "Giuseppe Pecori calls our attention to the lack of efficiency of the solutions of corrosive sublimate in ordinary use for disinfection of walls and floors. He finds comparatively useless many disinfectants ordinarily used. In order to obtain a disinfectant that would be efficient for the disinfection of hospital floors, as well as the rooms used in infectious cases, the author has made experiments as to the value of solutions of soda used hot for the destruction of the tubercle bacillus and other common germs. He finds that solutions of soda of 2 per cent. used hot and kept in contact with the bacteria for from five to ten minutes are not to be relied upon to destroy the bacilli, but that if solutions of 5 and 10 per cent. be used hot and applied for five or ten minutes they are efficacious and destroy all the bacilli. He believes that such solutions have a very real value in the disinfection of walls and floors, and that at

the same time they are not at all injurious even to cement floors. Another advantage is that the solutions are exceedingly cheap. The commercial soda that is an oxyhydrate and contains 70-72 per cent. of sodium hydrate is the one that should be used."

BEHRING'S TUBERCULOSIS REMEDY.—The *Medical Record* says: "True to his promise made to the International Congress on Tuberculosis in Paris last autumn, Behring announces that the new remedy is ready for delivery in small quantities to clinicians who are in position to make satisfactory tests. He is not ready to put the remedy on the market, as it has not yet been sufficiently tested, but hospital physicians will receive it in small amounts free of charge. The remedy, which is called tulase, may be given hypodermically or per os."

TREATMENT OF CONSTIPATION.—The *Journal of the American Medical Association*, quoting from a German contemporary, says: "The principal features of Kohnstamm's successful treatment are the avoidance of meat and the ingestion of milk three times a day at least. He believes that worry has a constipating effect and that the focussing of the will power is liable also to have an inhibiting influence on the visceral functions."

DISINFECTION WITH HOT WATER AND ALCOHOL IN OBSTETRICS.—*Muenchener Medizinische Wochenschrift*, as quoted in the *New York Medical Journal*, says: "Von Herff strongly advocates the use of hot water and alcohol for cleansing in obstetric cases on account of its certainty and comparative simplicity, as demonstrated at the lying in hospital at Basle. He also finds the same application an efficient protective in wounds."

INFLUENCE OF THE DURATION OF AN OPERATION.—*Fortshritte der Medizin*, as quoted by the *New York Medical Journal*, says: "Kessler believes, as the result of analysis of twenty-eight abdominal hysterectomies, that long duration alone of an operation has not the significance that has been attributed to it. Only one of his cases was fatal, and death resulted from repeated gastric hæmorrhages and necrosis of the pancreas. The duration of his operations was from an hour and three quarters to two hours and three quarters. He does not believe that a two hour operation necessarily results in shock. The probable disadvantages of long operations may be obviated by observing the following requirements:

1. Continued asepsis to the utmost limit.
2. Avoidance of hæmorrhage so far as possible.
3. Avoidance of wet applications during the operation.
4. Careful hæmostasis.
5. Use of dry dressings after the operation.
6. Ether narcosis."

RESUSCITATION OF THE DROWNED.—The *Medical Record* says: "The superintendent of the Third District of the Life Saving Service has reported a remarkable case of resuscitation after a prolonged immersion under water. The case is that of a man who was thrown into the water off the coast of Rhode Island on July 4 by the capsizing of a boat, and, according to the official report, remained under water for twenty-three minutes. Artificial respiration was kept up for an hour and forty-eight minutes before the first signs of returning consciousness were noted, and the patient did not recover complete consciousness until the following day."

HOW THE ARABS PREPARE A DOSE OF CASTOR OIL.—The *New York Medical Journal* has the following: "The *Journal de médecine de Paris* states that the Arabs when they wish to take castor oil, drop from fifteen to twenty grammes of oil into a glass of milk. This is placed upon a stove and heated, while being stirred with a spoon. In a few minutes a perfect emulsion is formed, and to this a generous quantity of the syrup of orange flowers is added. Administered in this manner the oil is more active, fifteen to twenty grammes being usually sufficient for an adult."



EXTRACTS FROM THE DIARY OF A BOSTON SURGEON.—September 15, 18.—Captain Cooke operated on for extirpation of half the lower jaw; well, and has scarcely a scar.

Gave one hundred and fifty drops tinct. opii, in addition to ten grains of opium, given an hour before the operation; did not make him sleepy.

October 22, 18.—Died, Dr. ———, a good man, with a bad temper.

THE five-year-old son of a missionary was present at a prayer-meeting where a number of older people related their experiences of long years of christian life. At length the boy arose and said, with deliberation: "Just sixty years ago to-night, in this place, I gave my heart to God!"—*Deaconess Advocate*.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



KOREAN NEWS.

MISS ESTHER L. SHIELDS has kindly sent us a collection of reports and leaflets showing the wonderful extension of medical and nursing missions in Korea, which only thirty years ago was closed to all the outer world. We have made some extracts from these leaves, which give a glimpse of what is going on.

All the diseases that flesh is heir to, and the climate will permit to flourish, are found among the Koreans. Their condition is made worse by their unsanitary mode of life, and by the fact that diseases, with one or two exceptions, are not treated by the Koreans in a way that does any good. Surgery is wholly unknown.

They believe that disease is caused by a demon that enters the body, therefore they most frequently use a needle in order that the evil spirit may find an exit. These punctures are made in any place in the body, even the eye. Where asepsis is unknown, the lamentable results had better be imagined than written. The Korean medicines include all kinds of charms and inert and poisonous things.

At the start the results of foreign surgery and medicine were so remarkable as to seem miraculous. Missionary work among the cholera sufferers in 1886 and 1894 did not a little to break down the anti-foreign prejudices.

The Koreans greatly need instruction and help in scientific medicine and surgery, and almost every American or English doctor does either dispensary or hospital work or both, and helps to instruct young men and a few young women in medicine and the care of the sick. Many of the homes are so small and unhygienic that typhus fever, smallpox, scarlet fever, and other contagious diseases are often seen. Cholera comes occasionally, dysentery every summer.

Severance Hospital, which was opened in its new buildings in September, 1904, has been carrying on its beneficent work without interruption ever since. The two years that have elapsed have proven the great need of this hospital in its present form; 16,000 people have been

treated in the daily dispensary clinic, and 490 have been admitted to the wards, while a large number of visits to homes has been made. A considerable number of persons other than Koreans has patronized the wards of the hospital, the list including Americans, English, French, Japanese, and Chinese, and the adaptation of the institution to this use is likely in the future to prove one of its most valuable features, more especially as the nursing department is to be strengthened by the addition of trained Japanese nurses, who will serve as head nurses under the direction of an American trained nurse (Miss Shields), a sufficiently large staff of Korean women being under the guidance of the above to insure the thorough care of every patient. Up to this time it has not been thought proper to place Korean women as nurses in the male wards, but the rapid changes in the ideas and customs of the Korean people, and more especially the development of Christian principles and practices in such a large number, have prepared the way for the introduction of this most desirable feature and many Christian women are now offering themselves for training as nurses, so that it is expected that ere long all the male nurses will have been replaced by women. A definite course of study and training is being laid out for them, and the experience of the physicians leads them to believe that Korean women are capable of becoming very excellent nurses. Fifty dollars supports a bed in this hospital for one year.

THE HOLLAND PREPARATORY COURSE.

THE Nurses' Association of Holland is doing a very fine thing. We are just in receipt of a circular sent by Miss Van Lanschot Hubrecht, the secretary, announcing a most interesting and admirable preparatory course for would-be applicants for the nurse's training.

The course, which comprises two academic years (from September 15 to July 1) has been brought into existence by the efforts of the nurses' organization, with the copartnership of two different already-existing institutes, the one for Domestic Science and Housekeeping, the other for Social Organized Work, and would appear to be comparable to a course at Pratt or the Drexel, united with the Philanthropic School of the Charity Organization Society, and the preparatory nursing work at one of our good hospitals. The first year's work includes cookery, household accomplishments, mending, care of linen, and laundry; the simplest nursing duties, bandaging, anatomy, hygiene, elements of natural science and reading aloud.

The second year includes more advanced anatomy and physiology,

sterilization, knowledge and care of instruments, preparation of dressings, and such accessory gifts as Sloyd, kindergarten principles, cutting of children's garments and bookkeeping while an ardor for social betterment is evinced in the provisions made for becoming familiar with the poor laws, housing problems, and social settlement work (to which is given the excellent name of Toynbee work).

Visits will be made to institutions, and altogether it would seem that the Holland nurses have the opportunity of a large and liberal culture before taking up hospital training. As three years constitutes a hospital course, these well-taught workers will have given five years to their training, an impressive rebuke given by little Holland, land of humanitarian work and model institutions, of upright men and thoughtful, earnest women, to our six-weeks' correspondence schools.

THE nurses trained under the supervision of Dr. Anna Hamilton, of Bordeaux, France, have begun issuing a nursing journal. Dr. Hamilton has established the English method of practical training under a nurse superintendent, and her graduates are moving into pioneer reform work in a number of French hospitals. Their journal is a most welcome evidence of their enthusiasm and spirit, and we rejoice in it and extend our congratulations and fellow-feeling.

It is to these nurses that we must look for the nucleus of a future national organization of French nurses.

Meantime the various attempts at training now being conducted in Paris are all showing advance steps from time to time.

The somewhat elementary and tentative methods of those Parisian organizations which do not possess full hospital facilities and are obliged to content themselves with sending their pupils to the hospitals for a few hours each day, ought not to be judged too critically, for this has been the first stage of nursing education both in England and America, before the full reform of nursing was brought about.

THE Provisional Committee of the National Council of Nurses of Great Britain and Ireland is arranging to hold a Nursing Exhibition in November, and is desirous of making a collection of nursing journals, alumnae journals and reports, and school or alumnae badges or pins. All the Alumnae or other Associations publishing journals or leaflets are asked to send copies, and training-schools or alumnae officers are asked to send one of their pins or badges, for exhibition. They will be care-

fully returned to the owners at the close of the exhibition. They should be sent to Miss Mollett, Matron, Royal South Hants and Southampton Hospital, Southampton, England, who assures her personal care of the articles and their safe return. Journals are also to be sent to her but will not be returned unless so requested.

THE Australian nurses have gotten the idea, quite naturally, that the Americans wear trailing uniforms, and there is no doubt that the lines quoted from the JOURNAL do convey that idea, viz:

DEAR SIR,—By the account quoted from *The American Journal of Nursing in Ume*, 30th April, it appears that as American nurses were in the habit of wearing long uniform skirts, "Trailing over side walks slimy with expectoration, drabbed through the mud of the streets in sloppy weather," it was found necessary that they should go to their cases in private dress, and it has been argued from this that we should do the same. But why should we be compared to nurses of this type? Our uniforms certainly do not resemble those described, and most of us would feel insulted by the suggestion that we were capable of similar conduct.

The customs of one country cannot hold for another. We are inclined to think that the Australians do not know what Chicago mud is, nor our March weather. With our variations of climate uniform on the streets is not a practical convenience.



THE WORK OF MICHIGAN PHYSICIANS.—Under the leadership of Dr. A. Carrier, of Detroit, an active campaign has been begun by the physicians of the state through a permanent committee on venereal prophylaxis which has been appointed by the State Medical Society. Under this committee public meetings have been planned for every county in the state. At the public meeting held in June, in connection with the annual meeting of the State Medical Society, men and women of prominence in other than medical circles were present to discuss the practical question of ways and means, thus publicly identifying themselves with the movement initiated by the physicians.—*Charities*.

THAT which we are, we shall teach, not voluntarily but involuntarily.
—Emerson.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



LEAVES FROM A NURSE'S LIFE HISTORY. By Jean S. Edmonds.

It does not fall to the lot of many nurses to meet so many and widely-diversified experiences as Miss Edmonds has encountered in her ten years of professional life. These experiences are just faintly indicated in the little book which is offered under the title "Leaves from a Nurse's Life History." The book itself makes no literary pretensions. Indeed, one is inclined to quarrel with the author, who has evidently been guided by her Shakespeare: "We wound our modesty, and make foul the clearness of our deservings, when we ourselves publish them." It is only the boldest facts which we are given, and these in the most abrupt and ungarnished and disconnected style; yet one lays down the finished book with a feeling of amazement, which gradually becomes one of great respect for our own calling. The book takes us from point to point with the swiftness of a dream. From the log-cabin home in Canada to the Rochester Homeopathic Hospital Training-School; a short but apparently most happy year of private duty; then back to discipline and study again, this time in the Newton Theological Seminary in preparation for foreign missionary work. Next we find her in the Congo Free State, where her energy apparently spent itself too prodigally, as she was sent home, invalided, in two years. Taking up private duty again, she had but had time to realize the pleasure of working among refined surroundings, when at the outbreak of the Spanish-American war there came a call for volunteer nurses. Miss Edmonds was one of the first to respond and went South to Camp Sternberg, Chickamauga Park, in August of 1898. December of the following year finds her in Manila, where on Christmas Day she went on duty in the First Reserve Hospital; from there she was later transferred to Santa Mesa. A year later finds her again homeward bound, on board the transport "Logan." Fourteen days in America, then off again for Manila, this time to remain until, with the end of the war, fewer nurses were required in the East. Here comes what seems to be a real holiday, spent in the company of her sister, a missionary, in India. The home journey to San Francisco is made leisurely and profitably, visiting China and Japan *en route*. At San

Francisco she enters once more the calm and humdrum field of private nursing, pursuing this uneventful course until December, 1905, when she was obliged to change places with herself, and the nurse became a patient. She gives no particulars, merely mentions that she "emerged from the hospital crippled by the loss of a foot after untold torture." Within six weeks she wakes one morning to the agony of impending death from the great earthquake. This part of the book is naturally the most graphic, being the latest experience and one too well calculated to wipe out everything that went before it. She leaves us happy in her safe retreat at Berkely, California, rejoicing in the thought that her late companions in misery are also safely delivered. There is no whining apprehension as to the future; no hint of suggestion that here ends everything that makes life worth living; no fear of losing that splendid independence; in fact, one feels that the book only ends because we have reached time's present moment, and that in another year Miss Edmonds will have another and a larger volume for her waiting readers.

It is a thousand pities that this most wonderful little book should seem to be restricted by the manner of its publication. Printed by a Rochester newspaper, and offered for sale by a local bookseller, it stands a poor chance of the wide circulation which it ought to have. It deserves a high place in the propagandist literature of the profession, not at all for its literary merit, but for the light it throws on the opportunities of the profession.

To those inveterate grumblers who shall say, on reading, that they don't see much prospect of following in Miss Edmonds' footsteps now that the war is over, and the earthquake has passed, we beg to point out that Miss Edmonds' starting point, the missionary field, still remains. In this week's issue of *The Living Church* there is a letter signed by the secretary of the Woman's Auxiliary, at the Church Mission House, 281 Fourth Avenue, New York, calling for forty-five women workers, of whom many are required to be trained nurses, offering as a choice of location the Philippines, Alaska, China, Japan and Porto Rico.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

A WORD FROM MADISON, WIS.

DEAR EDITOR: Like the Quakers in the early days of our country, I am "moved to speak."

Nursing is a profession in which those who enter it must, to a very large degree, give up their own personal desires outside of their work. It is, however, a profession in which those who are interested find great delight. The tendency of it leads to a life of unselfishness, but not a loss to one's dignity or individuality of thought. Rather every year adds to the dignity of our profession, and new lines of work are continually opening to us.

Whatever we can do to broaden and improve our lives we should do along the line of general culture, as well as increasing our knowledge in the line of our work.

Let us not emphasize, then, too greatly the unpleasant things, which are only incidents in our work. We are women of mature years and should grasp conditions so as to know what is just and proper under existing circumstances,—then do in a womanly way what we know to be right.

We have risen above the point of discussing whether or not we, as nurses, should wash the daily soiled clothing of a young babe. If there is some one else to do it, well and good; if not, twenty minutes will solve the problem and we be none the worse for wear. Rest from our work is very important, and outdoor exercise is, too; but I am always suspicious of the nurse who harps on her "two hours." Let us take our rest and exercise, but obliterate that term, so that the people will not have reason to believe that we think more about ourselves than we do of our patient. I do not wish to minimize the importance of rest and exercise. They are of vital importance to a nurse. She must have them. There are times, however, with a very critical case, when these cannot be according to any set rule, or plan, for even two consecutive days; that is, if the nurse is just to herself and the physician, saying nothing of the patient. At such a time a brisk walk for fifteen or twenty minutes, two or three

times during the day, will not worry the family because of our long absence, and we will have the exercise and feel as much rested as though absent longer. Such a walk is specially good to take in the evening when we know a long night is ahead of us. It is not long enough to tire, but refreshes.

When watching is constant in a critical case, I have found that some twenty minutes spent in a vigorous gymnastic exercise in a room with windows open will often rest me more than anything else I can do. And again, we all know that a hot bath takes away "that tired feeling."

Often on entering a home we find those in it weary with watching—perhaps too nervous and tired to sleep. On the morrow, then, though we forget not our own need, we must also remember theirs. A word in regard to relief. Sometimes we must have it, and when we do, the wishes of the physician and patient should be considered as far as possible. But it is not desirable unless we do have to. No two nurses do things just alike, and the patient is obliged to become accustomed to the manner and methods of each, and though the nursing may be equally good, it is usually more or less exciting to the patient to make a change even for relief.

I have in mind an instance of a very sick woman. Two nurses at first were imperative. In four or five days the patient, though still very sick, was better. The husband was very solicitous and wished every attention given. However, the patient was very sure she would sleep better if Miss J., the regular nurse, would lie on a cot near her and go to sleep, rather than have Miss S. come, who when not attending to orders sat in a chair to watch her. Miss J. was of the same opinion, and the husband was persuaded. The result was by far the best night the patient had had. The husband, however, at 1 A.M. called by telephone (the patient was in a hospital), to know conditions. The floor night nurse awakened Miss J., thereby wakening the patient, to answer the message. The following night there was no midnight message and both patient and nurse slept well. There was nothing further said about a nurse to relieve.

Patients often take one or two naps during the day, and there is no way so sure of being quiet as to drop down on one's cot and go to sleep, too. Seizing such opportunities for rest has tided us over many a weary siege, and in over six years' practice we have been relieved with only five patients, and have never left a case or had one day of sickness. We are beginning to wonder if our three years' hospital work should be counted in the oft-referred-to "ten years," for if so, our limit is nearly reached, yet physically feeling better ready for the coming ten years than we were ten years ago for the work then before us.

One thing more we would like to say, and it is that when we believe it is our duty to make some reduction in prices from what we consider our regular charges, there is no rule we could follow equal to the Golden Rule, or in other words, put ourselves in the place of those in whose home we are. I believe a nurse as thoroughly as a physician is in duty bound, at times, to make some reduction. It is also reasonable and just at times to add to the usual charges.

But when we make a reduction let us do it in such a manner as to cause not humiliation but gratitude.

A wonderful future lies before the women in the nursing profession. Let us be alive to our highest opportunities in the greatest needs of humanity, and study to show ourselves approved before God and men.

ANNE J. HASWELL,
Illinois Training School.

THE EDUCATION OF THE MIDDLE CLASSES AS A FACTOR IN PROVIDING THEM WITH SKILLED NURSING

DEAR EDITOR: Many papers on the subject of providing families of moderate means with skilled nurses at a reduced price have appeared lately in our nursing journals.

The cry has gone out from the community, that people drawing modest salaries are unable to procure the services of a nurse who has graduated from one of the best training-schools, for less than the exorbitant price of \$25.00 a week! Has this same community, we would beg to ask, fully considered the possibilities that are at their command, or are they simply consulting their own convenience or preference when they refuse to enter a hospital, where they can honorably pay their way with what they can afford to advance? In a combination of effort lies a possibility of doing, at a reasonable cost, what a private individual would find quite beyond his reach. Our country is plentifully supplied with hospitals, and through the philanthropic efforts of many of our generous citizens, there is, in almost all places, a small staff of skilled nurses available, who carry on their work among people who are unable to pay them. The work along this line is still in its infancy, but that it will grow and win for itself the support of our government and influential individuals, no one can doubt. Nurses are working women, many of them springing themselves from the middle classes, and very many of them having heavy demands, made by members of their own families, upon their financial resources.

A nurse doing her utmost can earn but a few hundred dollars each year, and, after that has been drawn upon for necessary expenses, she can seldom put away more than from two to four hundred dollars a year. Our working lives are short, and some day our little savings may be our all. Why, then, should the question arise as to the advisability of these nurses donating five, ten, or fifteen dollars a week to the family of some person of small resources, who prefers to have his sick wife stay at home, instead of taking advantage of his opportunity to send her to a comfortable and well-equipped establishment, where she can be better cared for, at a cost, to him, that is quite within his means?

Few of us have gone through our training, and subsequent work, without seeing striking cases of where ignorant pride has seriously crippled the financial resources of many families. One case in view, was that of a woman, the wife of a conductor on a railroad, who was in need of long hospital treatment. She had been admitted to an open ward, where the dues were some seven dollars a week. She bitterly complained of her surroundings, and was transferred, within twenty-four hours, to a private room, thus increasing her expenses to thirty dollars a week. After some months in the private ward, her husband wrote of his inability to meet such heavy demands upon his resources, and as a consequence she was subsequently admitted to the free list of the hospital.

The education of our great middle classes seems desirable. The man who cannot afford the "Waldorf Astoria" must content himself with the simple boarding-house, and could scarcely demand a reduction of rates to suit his pocketbook. Were there no alternative for the moderately circumstanced, could they in no way procure skilled service of educated men and women to care for their sick, then should we begin to plan a means of shouldering the responsibility of caring for our sisters and brothers in misery; but, when the public has provided hospital beds that may be procured for anywhere from \$1.00 to \$10.00 per week, and has placed in these hospitals the best of nurses and doctors, then let the middle class take advantage of what they have, leaving the expensive service of such nurses as have not independent financial resources to the rich, who can afford to pay what is a reasonable remuneration for service given! If contributions are in order from our nurses to the public, let our action be concerted, and a general tax be levied, the proceeds from which would amount to enough to really accomplish something! For those who can afford to give their time innumerable avenues of usefulness are open, and there are many noble women already in the field. A lowering of our prices, already at the minimum when the cost of living is considered, will surely give rise to many difficulties. Again, let us

educate our great middle class, so that they may benefit by what they have, rather than tax a few over-worked nurses in order to encourage the foolish prejudice of those who prefer to be nursed at home!

NANCY P. ELLICOTT, R. N.,
J. H. H., 1903.

EVOLUTION OF THE NURSING PROFESSION

DEAR EDITOR: It was with unusual interest that the writer perused both your editorial in the April number and the comments upon it in the June number, by "A Registered Nurse."

All history shows that great progress comes about as an evolutionary process.

Very short-sighted, indeed, must the well-informed nurse be who does not see and realize that nursing is in a marvelous state of rapid evolution, working for the eventual betterment of the whole nursing body.

It is a well-recognized fact that there is a stage of more or less apparent chaos in all reform movements and we, as members of the great nursing body, cannot expect to escape this stage for the transition periods from preferred occupation, to avocation, and to profession, are working more rapidly at present than ever before.

The great trouble is with ourselves. To get the best out of anything worth doing is to enter it with the question: "What can I put into this work?" not "What can I get out of it?" Too many of us enter nursing and nursing reforms with the question "What can it do for me?"

In the law, the ministry, and the medical profession, the beginner realizes that he lacks the experience with men and affairs as well as in his profession that entitles him to a place on the top round and a fee in the top notch, and he begins accordingly. In the meanwhile, he *studies*, takes *post-graduate* work, in fact, does everything possible to make himself the peer or the superior of his contemporaries. In due time, if he has proven his worth as a man as well as in his professional capacity, he can place his fees where his worth may entitle him to do so. But those who have not been able to stand the trial by fire eventually take up life in more congenial fields or become stragglers.

The nurse who condemns what she calls the overcharging of the rich or the undercharging of the poor by physicians, fails to realize the fact that such professions as medicine, nursing, the law or the ministry—professions whose purpose is to protect the life and liberty of the people—cannot be made to conform to ironclad conventional

and ethical rules. Such professions must obey, first of all, the Golden Rule.

The following incident will illustrate the point:

A man of large means from a Texas town went to consult a Chicago specialist of world renown, concerning the eyes of his young daughter. After an examination, the doctor assured him that it was a hopeless case—nothing known to science could save his daughter from total blindness, and presented him with a bill for five hundred dollars. The Texan was somewhat startled and remonstrated that the doctor had done nothing, to which the doctor replied: "You have travelled hundreds of miles because you were willing to accept my diagnosis of the case as final; my prognosis has saved you thousands of dollars which you would otherwise have expended in seeking relief for her. In my hour and a half's conversation with you I have reconciled you to her future and shown how you may still make life bright and worth the living for her. This afternoon I go to a Charity Hospital, where I go every afternoon, to give my services." The Texan, seeing that this man was working to alleviate the sufferings of mankind, willingly paid the five hundred dollars. Nor need we add that the doctor did not try to impress his clinic patients with the fact that he was doing them a charity act.

There is a quality in real and true professional work that money never pays for. The professions that guard the life or liberty of humanity cannot put their work upon a purely money basis or it would more than bankrupt the Rothschilds.

The architect, according to the plan of a house, charges the same, whether it be for a rich man or a poor one; but that is a matter in which a man may choose.

We have no right to deny to the great middle-class patient suitable nursing service in the emergency "created by the hand of God or the public enemy."

Now, it is for us to decide by our action if we will work out our salvation along professional lines.

So long as we talk of "wage" and "uniform charges," we put ourselves upon a trades-union basis, and need not be surprised if many people look upon our registration laws as they do upon those of plumbers, instead of as we wish them to do, viz., as upon the laws of the medical profession.

Formerly the professions were limited to the classes of people who earned a livelihood by mental work alone.

We, as a nursing body, are trying to prove that those who work with mind and hands almost equally, are entitled to be classed as

professionals, too; but we must live up to it. We must enlarge our perspective and not keep our eyes upon the ground. On a moving train, if you keep your eyes on the portion of the landscape close to the window, your vision becomes blurred, but by looking far out toward the horizon, you get a fair view of the country. So it is with the ruling events of every day—we must not let them blind us to the great object we have in view. One must not allow the inevitable daily demands and exigencies of life to altogether obscure from us remoter and higher ends. Of course, there are and always will be those who have others to help, but these present realities must not let them lose sight of their ideals.

The day is bound to come when our fees shall be largely in proportion to the means of the patient.

The lawyers have long since charged so, the doctors are making it an established practice, and we, in our turn, if we are to be a professional body and not a trades-union, are bound to reach that point. If we help to hasten the day, so much the better for all.

It will come when we have fewer and better training-schools; when the older nurses keep fully abreast of the times; when the younger nurses do not feel competent to charge a larger fee than those who have had wider experience with disease, men, and affairs; and when, too, we do not try to burn the candle at both ends by working night and day, thus making our period of usefulness far shorter than it should be.

L. MAY BUSHEY,
New Orleans.

THE WEARING OF THE UNIFORM

DEAR EDITOR: A physician who recently spent some days at the Virginia Hot Springs recited the following incident, followed by the inquiry as to whether the nursing profession at large regarded such practices favorably:

"A trained nurse appeared in the general dining-room regularly at all meals in full uniform. He informed me that several persons, men particularly, commented upon it, and referred to him as one who should understand the proprieties in such a case. The question naturally arises, Did not the young woman rather enjoy being conspicuous? Should not nurses rather prefer to confine the use of the uniform to its legitimate sphere? There is no doubt that the large majority of nurses would regard the parading of the uniform with disfavor." N. E. C.

[Another instance of an unwise individual bringing discredit upon the whole nursing body. It would be interesting to know if this woman is a graduate from a reputable school.—Ed.]

"CONTACT INFECTION"

DEAR EDITOR: I am not acquainted with the article referred to by the nurse who styles herself "A Back Number," but I should imagine "contact infection" in typhoid fever to mean practically the same as "digital infection." The hands (fingers in particular) coming in direct contact with the typhoid bacillus during the necessary attention to the patient's person, clothing, bed-pan, etc., unless thoroughly disinfected, *especially before meals*, act as carriers of infection. Years of observation have convinced me that lack of proper attention to the hands is a common cause of typhoid fever among nurses. May be I am "off the track" and the "contact infection" referred to may be something else; if so, I subscribe myself

ANOTHER BACK NUMBER.

EQUAL SUFFRAGE MOVEMENT

HEADQUARTERS NATIONAL AMERICAN WOMAN SUFFRAGE ASSOCIATION,
WARREN, OHIO, September 15, 1906.

DEAR MADAM: For many years, at every session of Congress, there has been introduced and referred to the appropriate committee a joint resolution providing for submitting to the State legislatures an amendment to the Constitution of the United States allowing women to vote. Hitherto this joint resolution has never received the necessary vote of two-thirds of the members of both Houses of Congress.

It is our belief that one of the reasons for past failure lies in the neglect of women, in the different States, to ask candidates for election to Congress, *before the elections*, whether or not they will vote for the submission of this amendment.

Members of Congress who pass through the campaign without being made aware of the desire of their constituents for the submission of this amendment, cannot reasonably be expected to interest themselves in it simply by reason of a congressional committee hearing, courteously granted, as a matter of form, to its advocates.

In order that candidates for election to Congress, next November, may be informed of the widespread desire for the enfranchisement of women, the undersigned committee asks not only suffrage clubs, but all women's clubs, to interrogate candidates of all parties, in their respective districts, as to the candidates' intentions with regard to the joint resolution providing for submitting to the legislatures of the States an amendment to the Constitution of the United States allowing women to vote.

If you care to participate in this effort on a national scale to secure the submission of this sixteenth amendment to the Constitution, will

you bring the matter to the attention of your club at the first appropriate opportunity? Or, if your club excludes from its work all effort to promote legislation, will you not, simply as a citizen, interrogate the candidates for election to Congress in the district in which you live?

In every case, whether favorable, unfavorable, evasive, or not forthcoming, the answer of the candidates should be made public in the newspapers in the district and also forwarded to the undersigned.

Hoping that you will kindly apprise us of whatever action you may take, and wishing that it may be prompt and helpful, we remain,

Yours respectfully,

KATE M. GORDON, *Secretary*,

ANNICE JEFFREY MYERS,

FLORENCE KELLEY,

Committee on Congressional Legislation.



"LET me picture to you some of the habits of the fly, and then we shall see if it is unreasonable to believe that he is an important factor in the spread of disease. Turn about you and see the swarms of flies upon decaying vegetable matter—in the garbage-cans, on the manure-piles, everywhere. Watch the flies swarming upon the filth of the streets, such as sputum and bones and decaying vegetables. Follow him further and see him alighting upon the candy offered for sale by the street vendors, and on all the fruit at the stands. And the meats, have you observed how they are carried in open wagons through the streets without protection, covered with flies? Cooking this meat does not change the fact that it is simply nasty.

"And we must go into the shops and homes of the poor, those unfortunates whose houses are not protected by screens to keep out flies. Flies everywhere! In the children's mouths and noses; in the house; out of the house; on the food left there upon the table, which is never cleared; on the food left over, and which the children eat at all times between meals; in the milk pitcher; in the soup; in the molasses.

"This is no idle picture of the dangers from fly infection. We know that their dejecta alone contain millions of bacteria.

"Urge upon every one the screening of houses, and especially of food."—J. O. Cobb, M.D.

EDITOR'S MISCELLANY



COMMITTEE ON TUBERCULOSIS

THE last report of the New York City Committee on Tuberculosis is full of evidence of practical work. The cases cared for have numbered 150, out of 208 cases examined, 58 of which were not subjects for the committee. In the disposition of the cases 48 were sent to hospitals, 13 to sanatoria, 2 to convalescent homes, and 47 (32 of whom were children) to the country; 12 were directed to dispensaries, and 6 were compulsorily removed by the health officers as dangerous to their locality.

Better rooms were provided for 20 cases, rooms cleaned in 9, Tenement House Department notified in 2, suitable occupation found for 8, and general relief secured for 85. Careful statistical records are kept, for it is daily more evident that conditions of living and of labor are all-important.

For constructive work the Committee is advancing on the following lines.

On February 23, the Committee on the Prevention of Tuberculosis passed the following resolution:

"Resolved, That the Chairman shall appoint a sub-committee to report to this Committee a general scheme for the care of tuberculosis in New York City."

The Chair appointed the following Committee: Dr. Janeway, chairman; Dr. Biggs, Dr. Bryant, Mr. Devine, Mr. Folks, Dr. James, Dr. Knopf, Dr. Thompson, Mr. Cox ex officio.

Three meetings were held by the Committee as a result of which it was decided that an inquiry and report should be made to the General Committee on the following subjects:

1. A general hospital board to be composed of the present Bellevue Board with an addition of representation from the Department of Health.
2. The minimum number of hospital beds required for the next five years, in addition to those now existing.
3. The desirable size and general type of hospitals for the treatment of tuberculosis.
4. The location of such hospitals, having in mind particularly climate, accessibility and cost of transporting supplies.
5. Types of cases to be distributed to hospitals and the method of selection and transfer of these cases.
6. A general plan for the administration and government of municipal dispensaries.

7. The relation of municipal to private dispensaries and of tuberculosis dispensaries to general dispensaries.
8. Size and equipment of dispensaries.
9. The number and location of dispensaries and whether they should be distinct and separate or parts of general dispensaries.
10. Proper organization of a dispensary.
11. Extent, restriction and methods of distribution of special diet.
12. Dispensary districts.
13. Observation of dispensary and hospital cases after discharge.
14. Furnishing of assistance through employment, etc.
15. District nursing.
16. Home care of cases.

The Committee has also from time to time passed the following resolutions:

Resolved, That the transfer of cases of tuberculosis from general hospitals in the city to tuberculosis hospitals should be placed in the control of the Department of Health, and that as a part of such a plan inspectors from said Department should regularly visit these city hospitals to assign their patients to the proper tuberculosis hospitals, and further that the transfer should be effected by the ambulances of the hospitals from which the patients are taken.

Resolved, That the hospital care of all tuberculous cases should as soon as possible be placed under the control of one Department, excepting such cases as require forcible removal and detention, which cases should be cared for by the Department of Health.

Resolved, That whereas it has been shown by the estimates prepared by the Department of Health that there are in the city of New York 51,874 persons having tuberculosis in a recognizable form and whereas, the present number of hospital beds for the care of the tuberculous in this city at present is 2,315;

Resolved, That this Committee calls attention to the urgent and immediate need of additional hospital accommodations for all classes of tuberculous patients.

AN article on State Registration by Lizzie M. Cox, of Indiana, gives an excellent history of the movement for registration at home and abroad. She quotes in the beginning Bacon's words: "I hold every man a debtor to his profession from the which, as men of course do seek countenance and profit, so they ought of duty to endeavor themselves, by way of amend, to be a help and ornament thereto."

She closes with this broad outlook: "We must all remember that state registration is not a question that merely affects nurses. It is a part of a movement toward the betterment in general education. It is a part of the movement to elevate women by fitting them for the better performance of their duties. It is a part of the effort to develop the human race and bring it to a nobler type. It is not only a nurses' affair, it is a question of the age, an educational question, a question for woman, for the public, and a part of human advancement."

TRAGIC RESULTS OF ILL FEEDING

As in all human problems, ignorance plays an important role in the great problem of childhood's suffering and misery. The tragedy of the infant's position is its helplessness; not only must he suffer on account of the misfortunes of his parents, but he must suffer from their vices and from their ignorance as well. Nurses, sick visitors, dispensary doctors, and those in charge of babies' hospitals tell pitiful stories of almost incredible ignorance of which babies are the victims. One child was given cabbage by its mother when it was three weeks old; another, seven weeks old, was fed for several days on sausage and bread with pickles! Both died of gastritis, victims of ignorance. In another New York tenement home a baby less than nine weeks old was fed on sardines with vinegar and bread by its mother. Even more pathetic is the case of the baby, barely six weeks old, found by a district nurse in Boston in the family clothes-basket, which formed its cradle, sucking a long strip of salt, greasy bacon and with a bottle containing beer by its side. Though rescued from immediate death, this child will probably never recover wholly from the severe intestinal disorder induced by the ignorance of its mother. Yet it is doubtful whether the beer and bacon were worse for the baby than many of the patent "infant foods" of the cheaper kinds commonly given in good faith to the children of the poor. If medical opinion goes for anything, many of these "foods" are little better than slow poisons. Tennyson's awful charge is still true—

"The spirit of murder works in the very means of life."

Nor is this spirit of murder confined to the concoction of "patent foods" which are in reality patent poisons. The adulteration of milk with formaldehyde and other base adulterants is responsible for a great deal of infant mortality, and its ravages are chiefly confined to the poor. Mr. Nathan Straus, the philanthropist whose pasteurized milk depots have saved many thousands of baby lives during the past twelve years, has not hesitated to call this adulteration by its proper name, child murder.—*John Spargo.*

A NURSE who sends the following report of the new boat of the Boston Floating Hospital says: "Owing largely to Dr. Hastings' article in the April number of *THE AMERICAN JOURNAL*, I applied at the Boston Floating Hospital. The lecture course is fine and the preparation of milk is exactly what I have felt a need of."

On August 15th the new Floating Hospital, with eighty permanent and one hundred and ten day patients aboard, made its first trip.

Although the barge Clifford has proved a useful old craft for this hospital work, there is no comparison between her and the new boat. The latter is fitted with every convenience for the handling of patients, has an abundance of room and is far better in every way.

The new boat is 171 feet long, with 44 feet beam. The hull is of steel, and the superstructure of wood. The hull is provided with seven water-tight compartments, and the boat is amply supplied with apparatus for use in case of fire. In order that the boat could be put in service this season the self-propelling machinery was not installed, but will be put in by next season. The boilers, however, have been put in for heating purposes. For the remainder of this season the boat will be towed. There are four decks—the main deck, the hospital deck, the out-patients' deck and the pilots' deck. Ventilation, heating, refrigerating apparatus, dining-rooms and other necessities have been provided for. The cost of this new boat, fully equipped, will be about \$100,000.

Through the generosity of the people of Boston, nearly one-half of the cost of the new boat has already been subscribed.

Manager G. Loring Briggs, who is practically in charge of the work, made arrangements whereby babies not ill were allowed to take trips on the hospital ship. This was in cases where a mother had a sick child and no means of having anyone to care for the well one while she was caring for the sick one. It has been proven that this is but another means of accomplishing good, for in such a case, where a child may be practically well, the day's outing tends to strengthen the vitality of the child and also save the mother from considerable worry by having all her children under her protection.

Efforts are being made to increase the fund for this work, and when such a time arrives arrangements will be perfected whereby the hospital ship may, at other seasons, be kept in commission until the latter part of October.

THE multiplication of bacteria in milk is very rapid. One sample of milk showed 520 bacteria to the cubic centimetre in the pail, as drawn from the cow,—after straining and cooling, these had increased to 3,100; after keeping at a temperature of 50° F. for fourteen hours, to 35,000; after keeping at 80° for fourteen hours, to 420,000.

HOSPITAL AND TRAINING-SCHOOL ITEMS



UNIVERSITY OF THE STATE OF NEW YORK

Nurses' Examination held at New York, Albany, Syracuse and Buffalo, June 19-22, 1906.

Answer all of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted:

ANATOMY

1. Mention the number of bones in the adult skeleton; the number of pairs of ribs.
2. Locate each of the following: femur, patella, tibia, fibula.
3. Mention three kinds of freely movable joints and give an example of each.
4. Describe the stomach.
5. Name the principal lobes of the brain.

PHYSIOLOGY

6. State an important function of (1) the blood, (2) the kidneys, (3) the liver.
7. Trace the general course of the blood through the body.
8. Name the divisions of the alimentary canal.
9. Describe the action of gastric juice on food.
10. Distinguish between voluntary muscles and involuntary muscles. Give an example of each.

MEDICAL NURSING

1. Give the cause of bedsores. Describe the care that should be taken by the nurse for the prevention of bedsores.
2. Describe the preparation of a room for a case of scarlet fever.
3. State how a room should be disinfected after it has been occupied by a patient suffering from an infectious disease.
4. What would you do if you found a patient asphyxiated by illuminating gas?
5. Under what conditions are nutritive enemata usually ordered? What special care must be taken in order that the desired result may be secured?
6. Describe fully one nonmedicinal method for the reduction of fever.
7. How is pulmonary tuberculosis communicated? Give precautions to prevent its transmission.
8. Mention two complications that may arise in typhoid fever that are directly traceable to poor nursing.
9. What measures may a nurse employ for the relief of earache?
10. What are the indications in typhoid fever for the removal of a patient from the tub bath?

GENITO-URINARY NURSING FOR MALE NURSES

1. State the normal amount of urine voided by an adult in 24 hours.
2. Describe the usual method of determining the specific gravity of a fluid. What is the specific gravity of normal urine?

3. Define retention of urine, suppression of urine, incontinence of urine.
4. Tell how a patient should be catheterized. Mention dangers to be avoided in catheterization.
5. Describe the process of irrigating the bladder.
6. How might retention of urine be relieved without the use of the catheter?
7. In caring for a case of gonorrhea what precautions should be taken to prevent the spread of the infection?
8. Mention some of the methods of administering mercury.
9. What symptoms should be watched for in a patient undergoing mercurial treatment?
10. Define epididymitis, balanitis.

OBSTETRIC NURSING FOR FEMALE NURSES

1. Mention the dangers attending the puerperal state.
2. What are the preliminary symptoms of parturition?
3. Mention the injuries that may occur along the parturient canal during labor.
4. Does the management of a normal twin labor differ from that of a single labor? Explain.
5. Why is the early nursing of the child important? What precautions in regard to mother and child should be taken before and after nursing?
6. What changes take place in the uterus during pregnancy?
7. Mention indications of pregnancy other than changes in the uterus.
8. What is (1) sterilized milk, (2) pasteurized milk, (3) peptonized milk, (4) modified milk?
9. What is thrush? State what should be done for this condition.
10. Describe in detail the care of feeding bottles and nipples.

NURSING OF CHILDREN

1. Briefly outline the general care of a child having any contagious or infectious disease.
2. By what media is scarlet fever supposed to be transmitted?
3. What complications may arise in scarlet fever?
4. Mention some things that you consider important in nursing a case of measles.
5. Mention the complications of measles.
6. Why is a sore throat serious in a child? What simple remedies might you use for a child having a sore throat?
7. Mention some of the easiest methods of moving the bowels immediately.
8. When is a hot bath useful in convulsions?
9. Give directions for a bath for a child with convulsions.
10. What should be done when a child shows the first symptoms of a serious illness?

BACTERIOLOGY

1. Why is dust a source of danger in a sick room? How should it be removed?
2. How may clothing and bedding used in the care of a contagious case be handled with safety and disinfected without the use of chemical agents?

3. Why is the sputum from a case of tuberculosis a source of danger and how should it be destroyed?
4. What is the object of sterilization of dressings and surgical instruments before a surgical operation?
5. Describe in simple language what you understand by the germ theory.
6. How do bacteria grow and multiply?
7. What conditions are necessary for the growth of bacteria?
8. State fully where bacteria are most commonly found.
9. How do bacteria get into the human body?
10. How are bacteria eliminated from the human system?

SURGERY

1. Describe the preparation of a patient for a laparotomy.
2. What precautions should be observed in the care of a patient recovering from anesthesia?
3. When giving chloroform what would you do if the patient stopped breathing?
4. Define (1) a simple fracture, (2) a compound fracture, (3) a comminuted fracture. Give first aid in the absence of a physician.
5. Give the symptoms of a concealed or internal hemorrhage.
6. In an emergency how should a burn in the first degree be cared for and what precautions should be observed in doing the dressing?
7. What is pus? State the cause of pus.
8. Describe in detail the preparation of the operator's hands, including in your description the rubber gloves.
9. What is meant by (1) surgical cleanliness, (2) wound infection?
10. How may a private room, *e.g.*, a kitchen in a tenement house, be converted into an aseptic operating room and how may the dressings and the utensils be sterilized?

DIET COOKING

1. What functions does food perform in the body?
2. Mention the chief sources of proteids in our food supply.
3. Why is milk considered the ideal food in fevers? What different means can be used to render it more easily digestible?
4. At what temperature is starch properly cooked?
5. What is the food value of cheese?
6. Mention the objections to a strictly milk diet.
7. State the effect of cooking on fruits.
8. What is the effect of tea on the system?
9. Give the uses of water in the body.
10. What diet is required in (1) Bright's disease, (2) typhoid fever?

MATERIA MEDICA

1. Of what benefit is the study of materia medica to a nurse? How far is a nurse justified in giving drugs?
2. Mention the different ways by which medicines may be introduced into the system.
3. Write out fully the table of (1) apothecaries' weight, (2) dry measure, (3) fluid measure.

4. A drug is marked $\mathfrak{M} \text{ x.} = \text{gr. } \frac{1}{8}$; how much would you give for a dose of $\text{gr. } \frac{1}{8}$?

5. How should a seidlitz powder be prepared and administered?

6. Mention the first symptoms of an overdose of each of the following drugs: potassium iodid, strychnin, morphin.

7. How much opium is contained in (1) 3 i. of paregoric, (2) $\mathfrak{M} \text{ xx.}$ of laudanum?

8. Mention the different methods of administering castor oil.

9. From what is each of the following alkaloids obtained: quinin, atropin, morphin?

10. How much bichlorid of mercury is there in 1 qt. of 1-3000 solution?

THE following letter to Dr. Beahan, of the Canandaigua Hospital, from Dr. Howard J. Rogers, First Assistant Commissioner of Education of New York State, shows the interest that the Education Department is taking in the question of developing the best kind of training-school for the smaller centres. Dr. Rogers says:

"Your school has peculiar advantages for experimentation in the development of the nurse training schools by affiliation with The Thompson Memorial Hospital, the Brigham Hall Hospital for Mental Diseases and the Ontario Bacteriological Laboratories. In the administration and development of the training schools for nurses we would like to take advantage of the exceptional opportunities presented in Canandaigua. The Thompson Memorial Hospital with its liberal endowment and excellent equipment affords opportunity in experimentation in hospital development free from the relations to the training school and the congested conditions of the larger cities. The relations of the bacteriological laboratories to the village and county afford an excellent opportunity for determining the equipment, cost of administration and courses that can be maintained outside of the larger teaching institutions. The Brigham Hall Hospital from its high character and relation to private nursing in mental diseases, and the wide experience of its present head, can materially aid in solving the problem of the relation of the general hospital to the special. From our knowledge of these surroundings and our personal acquaintance with the administrative of these various institutions, I venture to urge you to apply to them for affiliated relations before applying elsewhere."

"On the appointment of the new inspector of nurse training schools, we will be glad to bring to her attention the conditions in Canandaigua and to afford you her assistance in the development of this work. In this interest we are writing to Dr. Burrill, Dr. Jewett and Superintendent Winne."

A PROGRAMME of work pursued during the past year by the Alumnae Association of the Maine General Hospital was read at the Associated Alumnae meeting and is so suggestive it may prove a helpful model for other societies. The topics considered were as follows:

DECEMBER.—Philanthropic Movements in the United States Awakening and Promoting the Nursing Profession.

1. The first hospitals.

2. The United States Sanitary Commission.

JANUARY.—Subject of December continued.

1. The Red Cross Society.

2. Establishment of Training-Schools in the United States.

FEBRUARY.—Discoveries in Medical and Surgical Science in the Past Century.

1. Anesthetics.

2. X-Ray and Finzen Light.

MARCH.—Founding and Growth of the Alumnae Associations of the United States.

APRIL.—The Church in its Relation to the Hospital.

1. Nursing Orders of the Roman Catholic Church.

2. Nursing Orders of the Episcopal Sisters.

3. Deaconesses.

MAY.—Review of Important Events of the Year in the Medical and Nursing World.

JUNE.—Reunion.

SEPTEMBER.—Each member to spend three minutes in entertaining the rest.

OCTOBER.—Recent Methods of Treatment at the Maine General Hospital.

THE Aldermen's Finance Committee, of New York, has reported favorably on the appropriation of \$628,000 needed for the erection of a new training-school for nurses at Bellevue Hospital.

GROUND has been broken for a new nurses' home to replace the old one at the City Hospital, Kingston, N. Y., which has been taken for alcoholic cases. The new addition has been donated by Mr. S. D. Coykendall.

THE Children's Hospital of Buffalo is ready to consider affiliations with general hospitals needing this service to round out the training of pupils.

THE Toronto General Hospital and the Hospital for Sick Children have entered into an affiliation for the rounding out of the training in both schools. The pupils of the General will have the experience of the splendidly equipped Children's Hospital under Miss Brent, and the pupils of the Children's will have the broad experience to be gained in the General Hospital under Miss Snively. This is an instance of the far-reaching effect of the New York law.

THE nurses of the Hahnemann Hospital, Chicago, are anticipating the occupancy of their new Home by October 15. The building at 2814 Groveland Avenue, by order of the board of trustees, has been remodeled and put in thorough repair, giving to the nurses modern accommodations. The first story or sub-basement is fitted up with the necessary apparatus and utensils to meet the demands for a thorough course in dietetics and invalid cooking. Private room accommodations for fifty nurses have been provided, also a gymnasium, a music room, and a plot of ground for lawn tennis and out-of-door recreation. The value of the building and grounds thus added to the hospital equipment is approximately fifty thousand dollars.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

OFFICIAL ANNOUNCEMENTS

NEW YORK.—The first informal meeting of the New York State Nurses' Association will be held in Brooklyn, Tuesday, November 20. The morning session will be devoted to discussions on nursing affairs; the afternoon to "The Education and Training of Nurses."

FRIDA HARTMAN, Secretary.

NEW YORK.—The New York County Nurses' Association will hold its sessions during the coming season at the Women's University Club, 17 East Twenty-sixth Street. The first meeting will be Tuesday, October 2, at 8 P.M. The officers for the year are: President, Miss M. M. Russell, 447 West Fifty-ninth Street; vice-president, Miss Knight, 72 East Seventy-seventh Street; recording secretary, Miss F. L. Lurkins, 17 East One Hundred and Eleventh Street; corresponding secretary, Miss K. Spencer, Mt. Sinai Hospital; treasurer, Miss J. Greenthal, 82 East Eighty-first Street.

REGULAR MEETINGS.

SAN FRANCISCO.—The San Francisco County Nurses' Association was addressed at its September meeting by Mrs. L. L. Dunbar, chairman of the nursing section of the California Red Cross Society. Mrs. Dunbar spoke of the affiliation of the San Francisco nurses and the Red Cross Society and emphasized the necessity of organized effort by these two bodies, showing how lack of such a union hampered the work of relief during the recent calamity. Each society then acted independently of the other, and among the large number of people offering their services to the Red Cross very few were graduate nurses. On the other hand, the San Francisco nurses did great and heroic work individually and in groups, but without any recognized leadership, as nearly all the officers and leading members had been burned out and scattered throughout the city and could not be communicated with by the County or State Association.

After much discussion of the subject, the general opinion of the nurses seemed to be that the San Francisco County Association would affiliate with the Red Cross on two conditions—first, that only graduate nurses, approved by the County Association (whether members of the association or not), should be eligible to membership in the Red Cross Society; second, that all affairs of the nurses who were members of the Red Cross should be governed by a Red Cross committee selected from among the nurses of the San Francisco County Association.

It was voted that a committee be appointed to examine thoroughly into the question of affiliation with the Red Cross Society and give a report at the October meeting.

MINNEAPOLIS.—At the annual meeting of the Hennepin County Graduate Nurses' Association Miss Edith P. Rommel, a graduate of the Northwestern Hospital, was unanimously re-elected president of the association, and the other officers were chosen as follows: First vice-president, Miss C. M. Rankeillour, graduate of St. Barnabas Hospital; second vice-president, Miss Lydia Keller, graduate of Asbury Hospital; secretary, Miss Lena Christensen, graduate of city hospital; treasurer, Miss Augusta Crisler, graduate of Boston City Hospital. A rising vote of thanks was given the retiring officers, Miss Cora Smith, Miss Elva Bosworth and Mrs. C. A. Roberts.

The association has 135 active members, and the past year has been the most successful in its history. The treasurer reported a balance of cash on hand of \$100.56, which is \$68.03 more than last year.

The report of the registrar indicated a very remarkable year. The registry received 1,519 calls for nurses and 867 calls from nurses registering for work, making a total of 2,386 calls during the year and 1,826 more than the previous year. Several hundred calls not recorded could be added for daily inquiry regarding registry prices, nurses, etc. Four hundred and sixty-eight calls were received at night. The greatest number of calls to the registry came during the months of January, April and August. On twenty-one days during the year all the nurses were out, and many times it was impossible to supply the demand for professional nurses in Minneapolis and the calls coming from a distance. The association voted hearty thanks and an increase of salary to Dr. Mead, the registrar. Following the business meeting refreshments were served in the Dutch kitchen.

YONKERS, N. Y.—A regular quarterly meeting of the Graduate Registered Nurses' Association of Westchester County was held on Tuesday afternoon, September 11, at the Nurses' Registry, 238 North Broadway. The meeting was well attended, and after the routine business a musical program was enjoyed and refreshments were served.

SAN FRANCISCO.—The Children's Hospital Alumnae of San Francisco held its annual meeting on August 23 and elected as president Miss Mary L. Sweeney; first vice-president, Miss Eliza Stevens; secretary and treasurer, Miss Ida Sanderson.

SAN FRANCISCO.—The Nurses' Club-house at San Francisco, instituted through the generous contributions of the nurses throughout the United States at the time of the fire, is now the home of twenty-five nurses and is already self-supporting. It is managed in conjunction with the Central Directory at 4 Steiner Street. This directory has developed into a fine business centre.

STATE MEETINGS

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held in New London, Wednesday, September 5, at 1.30 P.M., Miss R. Inde Albaugh, of Grace Hospital, New Haven, presiding.

Dr. Bradley, of St. James' Church, opened the session with prayer and welcomed the nurses with a few words of tribute to their profession.

After the routine business announcement was made by the president that the Red Cross Society of Connecticut had made the rank of R. N. a requirement for enrollment in its service. Literature describing the purpose and work of the Red Cross and blanks for enrollment were distributed, and this opportunity for service to fellow-men and country clearly shown.

It was voted: To aid the nurses of the District of Columbia in their efforts to obtain State Registration by petitioning the Congressmen from this State to act in their behalf;

To send aid, in such amount as should be deemed advisable by the Executive Committee, to the nurses of San Francisco;

To unite with the associated alumnae of the United States.

An able paper by Miss Martha J. Wilkinson, of Hartford, on "The Care of the Great Middle Class," setting forth the advantages and disadvantages of various proposed solutions of this problem, was followed by an interesting discussion.

The next meeting will be held in Norwich, Connecticut, in November. The subject will be, "The Value of Externe Work in the Training-School Course."

Several applications for membership in the State Association, also for State Registration, were received

NEW HAMPSHIRE.—The first quarterly meeting of the Graduate Nurses' Association of New Hampshire was held on September 10, at the Elliot Hospital, Keene. Concord, Manchester, Hanover, Keene and Laconia were represented.

After the routine business was transacted the time was devoted to the consideration of State Registration. Miss Nutter, of Laconia, read a paper on the subject, explaining the meaning and purpose of State Registration, followed by discussion by Miss McCobb, of Keene.

Miss Truesdell, of Concord, presented a paper, "Why does New Hampshire Need State Registration?" This paper was discussed by Mrs. Crosby, of Concord, and Miss Shepard, of Hanover. Miss Chisholm, of Exeter, also contributed a paper on the same subject.

The association voted to become incorporated, and an outline of a bill providing for the legal registration of nurses by the State was presented by the committee on ways and means.

LOUISIANA.—The Louisiana State Nurses' Association held its regular semi-annual meeting in New Orleans on July 24. A goodly number was present, which resulted in an interesting and enthusiastic meeting. Several important issues were discussed and four new members elected.

After the business was completed the members repaired to the residence of the president, Miss C. Fromherz, to participate in one of the favorite pastimes of the beautiful Southland at this season, viz., a "Watermelon Cutting." After several hours of feasting and rejoicing, it is needless to say the nurses dispersed with light hearts and many happy recollections.

MICHIGAN.—The Michigan State Nurses' Association is receiving hearty coöperation from nurses throughout the State with the legislative work in connection with the bill of registration. They are especially grateful to the Wayne County Graduate Nurses' Association for a generous subscription of two hundred dollars to carry on the work, also for the sum of one hundred dollars towards the Michigan fund for the endowment of the Chair in Hospital Economics at Columbia College. This last subscription to the endowment fund raises the amount subscribed by Michigan nurses to nearly five hundred dollars. Michigan urges her sister States to "do likewise."

CALIFORNIA.—At the third annual convention of the California State Nurses' Association held in Los Angeles, August 6, 7 and 8, the following papers were presented and discussed:

"The Relation of the Nursing Profession to Public Charities," Miss Lucy D. Fisher, San Francisco. Discussion led by Miss Theresa Earles McCarthy.

"Nursing Ethics," Miss Helen Kelly, Pasadena. Discussion led by Miss Lyda Anderson, Pasadena.

"The Humanitarian Side of Nursing," Miss Belle Langley, Santa Barbara. Discussion led by Miss Girdlestone, Secretary Associated Charities, Pasadena.

The address of welcome was from Dr. Norman Bridge, and there were also addresses by Mrs. P. C. H. Pahl, president Los Angeles County Nurses' Association; Miss S. Gotea Dozier, San Francisco, president California State Nurses' Association, and Miss M. D. Cunningham, instructor of English, Occidental College.

Officers elected for the year were: President, Mrs. W. H. Pahl, president of Los Angeles County Nurses' Association; first vice-president, Miss Hall, secretary Alameda County Association; second vice-president, Miss Credon, superintendent Alameda Sanatorium, Alameda; secretary, Mrs. W. E. Downing Sulsun; treasurer, Union Trust Company of San Francisco; councilors, Dr. Helen P. Criswell, Miss Katherine Brown and Miss Genevieve Cooke, of San Francisco; Miss Katherine Fitch, Oakland; Miss Sara Paulson, Watsonville; Miss M. E. Courier, Sacramento; Miss Helen Barnard, Los Angeles; Miss Margaret Pepoon, San Diego.

PENNSYLVANIA.—The annual meeting and election of officers of the Graduate Nurses' Association of the State of Pennsylvania will be held at Philadelphia on Wednesday, Thursday and Friday, October 17, 18 and 19. The meetings will be held at The Rittenhouse, Twenty-second and Chestnut Streets, where accommodations may be had for visiting nurses and delegates. The first meeting will be an open session, and all friends of the Association are asked to attend. It will be held on Wednesday afternoon at 2.15. The executive sessions will be held on Thursday and Friday. *Membership cards must be presented for admission to these sessions.*

MAUDE W. MILLER, Assistant Secretary.

COLORADO.—The State Board of Nurse Examiners will hold a meeting on October 17, 1906, at which applicants for registration will be examined. Apply to Miss Louie Croft Boyd, Secretary, 125 East Eighteenth Avenue, Denver, Colo.

INDIANA.—The fourth annual meeting of the Indiana State Nurses' Association convened at Indianapolis, September 11 and 12, in the assembly-room of the Marion County Medical Society, with the president, Mrs. Fournier, in the chair.

Rev. Wolff offered prayer, in which were these beautiful words:

"Now I wake me up to work,
I pray the Lord I may not shirk.
If I should die before the night,
I pray the Lord my work's alright."

Miss Prange, president of Indianapolis City Association, gave the address of welcome, which was responded to by Miss Bechtle, of Evansville. Dr. Oliver, in his cordial way, gave an earnest talk upon the qualifications of a nurse, and this brought forth a lively discussion.

The afternoon was given to the reading of the minutes, the reports of the various committees, the completion of unfinished business and the election of officers. The report of Miss Sollers, of Home Hospital, Lafayette, Ind., of the National Convention at Detroit last June, was most enjoyable and profitable to all who heard it.

In the evening a reception was given for the nurses and their friends in the German House.

On Wednesday A.M. there were three excellent papers given, one on "Hourly Nursing," by Miss Weaver, of Fort Wayne; "Pre-Natal Influence," by Miss Menia Tye, of Indianapolis, and "District Nursing," by Miss Lydia Metz, of Evansville.

The Association voted ten dollars to the Associated Alumnae to purchase stock in the AMERICAN JOURNAL OF NURSING and ten dollars to the Course in Hospital Economics toward maintaining the chair of Nursing.

The officers elected for the coming year were as follows: President, Miss Edna Humphrey, Crawfordsville, Ind.; first vice-president, Miss Mary B. Sollers, Home Hospital, Lafayette, Ind.; second vice-president, Miss Cora M. Birdsell, South Bend, Ind.; secretary, Miss Mae D. Currie, No. 30 The Meridian, Indianapolis, Ind.; treasurer, Miss Anna Rein, No. 902 North Alabama Street, Indianapolis, Ind.

PERSONALS

Miss ELSIE LUND, Augustana Hospital, Chicago, is in Europe with a patient.

TWENTY-FIVE graduates of Augustana Hospital, Chicago, are holding institutional positions.

ETHEL LEVY, Toronto General, has returned to her home in Jamaica, British West Indies.

A CLASS of seventeen nurses was graduated from Augustana Hospital, Chicago, on May 25, 1906.

Mrs. FREDERIC TICE, Illinois Training-School, 1896, has just returned from an eight months' trip abroad.

Miss BEDA MUNSON has accepted the position of chief surgical nurse in Augustana Hospital, Chicago.

CLARE AVERY, class 1906, Toronto General, has gone to Dakota, U. S., where she expects to do private nursing.

MISS MAUD HENLY, Bellevue, 1885, has been appointed superintendent of St. Peter's Hospital, Charlotte, N. C.

MISS MARY YOUNGREN, Augustana Hospital, Chicago, has recently been appointed visiting nurse at Peoria, Illinois.

MISS MARGARET HUMZ, Illinois Training-School, 1897, is superintendent of nurses at the Woman's Hospital, Chicago.

SARA D. LIVINGSTONE, Toronto General, has been appointed lady superintendent, General Hospital, Kenora, Ontario.

MARY C. GRAHAM, Toronto General, has gone to Vancouver, B. C., to take a position in the General Hospital in that city.

MISS M. HELENA McMILLAN, superintendent of nurses of the Presbyterian School, Chicago, is taking a short trip abroad.

MISS KATHARINE BROWN, superintendent of the Children's Hospital, San Francisco, is visiting her family in Philadelphia.

MISS CARRIE S. LOUER, class of 1889, Illinois Training-School, is superintendent of nurses at the Jewish Hospital, Omaha.

MRS. HARRIET HIGGEE, class of 1896, Illinois Training-School, is superintendent of nurses at the Omaha General Hospital.

MISS BATES has resigned as superintendent of the Thomas Hospital, San Francisco, and will be succeeded by Miss Evaline McNeilly.

At the annual meeting of the Spanish-American war nurses, held in Boston early in September, Dr. Laura Hughes was elected president.

MISS FRANCES SHOUBE has resigned as superintendent of the Lane Hospital, San Francisco, and will be succeeded by Miss Hallie Visser.

MISS CAROLINE C. PHELPS, class of 1885, Illinois Training-School, has returned recently from a trip around the world with her patient, Miss Larned.

MRS. ALLISON, née Florence Roberts, who is spending a pleasant holiday with her father in Adolphus Town, spent a short time in Toronto during August.

MRS. JOHN PHILLIPS, née Margaret Southerland, spent a few days in Toronto during August, before returning to her home in Chicago.

MISS LYDIA ANDERSON succeeds Miss Hay as superintendent of the Pasadena Hospital, California. Miss Anderson has been the assistant superintendent for several years.

DURING the month of August a number of nurses returned to San Francisco and all are now very busy. So many of the large hospitals were destroyed that those remaining have been filled to overflowing and special nurses have been in demand.

MISS RACHEL ELIZABETH BIDMEAD, graduate of the Paterson (N. J.) General Hospital, has been appointed superintendent of her own training-school, beginning her duties on September 1.

WINNIFRED BREERETON has been appointed lady superintendent, General Hospital, Dauphin, Man., in place of Miss Hyde, resigned. Miss Hyde is now spending a few months in Ireland.

MISS BERTHA HARTIG, who has occupied the position of head nurse at St. Luke's Hospital, Cedar Rapids, Iowa, for the past year and a half, has given up the work to take an extended vacation.

MISS FRANCIS M. QUAIFE, formerly superintendent of the Toronto Infirmary, New Orleans, La., has returned to her home and will be glad to see any of her friends at No. 15 Randolph Place, Orange, N. J.

MISS MARGARET E. STANLEY, late of the North Adams Hospital, Massachusetts, has been appointed lady superintendent and principal of the training-school of the Victoria Hospital at London, Ont.

MISS ALICE BALFOUR, a graduate of the Boston Insane Hospital and of the Boston City Hospital Training-School for Nurses, has been appointed superintendent of nurses at the Butler Hospital, Providence, R. I.

NELLIE McHOULL, Toronto General, has been appointed assistant in the Marion Sims Hospital, Chicago, Ill. Miss McHoull will spend a month in post-graduate work, in Toronto General, before entering upon her duties in Chicago.

MISS ANNIE DAMER will give up her work in connection with the outdoor tuberculosis work of Bellevue Hospital, New York, on October 1, and take charge of the farm and convalescent home recently given to the Nurses' Settlement. Her address will be Echo Hill Farm, Yorktown Heights, N. Y.

MISS PHOEBE BROWN, a graduate of the first class of the Illinois Training-School, the first president of its alumnae association, and a charter member of the Associated Alumnae, is leaving Chicago to reside in Duluth. She was made a life member of the alumnae association at the September meeting.

DURING the recent G. A. R. encampment at Minneapolis, members of the Hennepin County Graduate Nurses' Association assisted the physicians of the city in the emergency hospitals, under the supervision of their president, Miss Edith Rommel. Miss Rommel gave a reception, during that week, for the visiting army nurses.

MISS CLARA L. SHACKFORD, a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, late superintendent of the Germantown Hospital, Philadelphia, has accepted a similar position in the John Sealy Hospital, Galveston, Texas.

MISS ELIZABETH GORDON has placed her resignation in the hands of the chairman of the governing board of the Kingston Hospital, Ontario, to be acted upon as the management thinks best. The question of reverting to the former system of having a medical superintendent is to be considered, and Miss Gordon wishes to allow a free discussion of the proposed changes.

EVA THORPE, Toronto General, has gone to her home in Sharon for a prolonged rest. Miss Thorpe has been in charge of the operating-room in Toronto General for nearly two years. Jean McTavish, also of the same class, holds this position pending Miss Thorpe's return.

Miss MARY E. PIERSON, superintendent of the Training-School of the General Hospital of Camagney, Cuba, spent the month of August with friends in the United States. She sailed on August 29 for Cuba, feeling that her place was at her post of duty in the face of the threatened insurrection.

THE pupils of the Homœopathic Hospital of Buffalo are being given a short course in kindergarten methods as part of the curriculum for the third year, under the supervision of Miss Lois Sedgwick Palmer. The object of this study is to help nurses to enter into a sympathetic relationship with children, that in caring for them the mental as well as the physical needs of children may be understood.

Miss ANNIE DAMER has very kindly consented to speak on the anti-tuberculosis question at the afternoon session of the opening day, "Nurses' Day," of the New Jersey State Anti-Tuberculosis Association, Friday, October 12. She comes at some personal inconvenience to herself, which makes those in charge of the exhibit the more grateful to her and hopeful that a large number of nurses will take advantage of such an educational opportunity. Two other speakers are expected for morning and evening.

Miss MINNIE ARMSTRONG, assistant superintendent of the Jackson Sanatorium, Dansville, N. Y., has resigned her position and after a rest will take up private nursing in New York. She will be succeeded by Miss Adele M. Swain, graduate of the Erie County Hospital, Buffalo, N. Y.

THE British Medical Association met in Toronto from August 21 to 25. Miss Snively entertained two of the delegates, Dr. McPhee, of Iowa, and Dr. Ada Brown, of London, England. The Association was entertained by the trustees of the Toronto General Hospital on Wednesday, the 22d. Owing to the heavy rain which inopportunely obscured the view of the beautifully ordered grounds of the hospital, the Garden Party was transferred to the Nurses' Residence. The band of the Royal Grenadiers rendered a well-chosen programme. The tea-table was arranged with flowers and ferns and the refreshments were dispensed by the nurses. Among those receiving were his Worship the Mayor and Mrs. Coatsworth, Miss Snively, Mrs. P. C. Larkin, and other members of the Board. About 350 persons were present.

MARRIAGES

In Baltimore, July 18, 1906, Miss Nancy Kinniery, University of Maryland Alumna, to Dr. J. Howard Iglehart, of Baltimore.

At New Orleans, La., on Wednesday, July 25, 1906, at Christ's Church Chapel, by Rev. Dr. Wells, Miss Katie R. Walker to Mr. Duncan P. Allen. Mrs. Allen is a graduate of Tourro Infirmary Training-School for Nurses, class of 1903. Mr. and Mrs. Allen will make their future home in Port Arthur, Texas.

At her home in Baltimore, August 7, Miss Leonore G. Doyle, Class 1906 of the University of Maryland Training-School, to Dr. W. W. White, of Baltimore.

At Ithaca, N. Y., August 29, Lillian Mabel Moore, graduate Rochester City Hospital, to Julius F. Brauner, Jr. Mr. and Mrs. Brauner will make their home in Nashville, Tenn.

At Baltimore, June 6, Etta L. Rangle, graduate St. Joseph's Hospital, to Dr. Louis B. Henkel, of Annapolis, Md.

At Red Bank, N. J., June 28, Mary Truex (Massachusetts State Hospital), to Dr. Harry P. Robinson. Dr. and Mrs. Robinson will make their home in Amesbury, Mass.

Miss ALICE E. DILLON, class of 1902, Hahnemann Hospital, Chicago, to Mr. W. B. Overson, June 20.

Miss GENA B. HULL, Illinois Training-School, class of 1904, was married on August 18 to Dr. Alvin Stober. They will reside in Chicago.

EARLY in August, Miss Grace Bellows, of St. Joseph's Training-School, Chicago, was married to Dr. R. H. Herdst. They will live in Chicago.

At Denver, Col., September 4, Miss Florence Dillingham, Colorado Training-School, to Dr. Edward W. Adamson. Dr. and Mrs. Adamson will make their home in Douglas, Arizona.

In Denver, Col., September 4, Mrs. Amanda C. Pardin, Colorado Training-School, to Mr. Herbert Grossman. Mr. and Mrs. Grossman will live in Denver.

At Lloydminster, Sask., on August 20, May E. Noble, graduate of Marion Sims Hospital, Chicago, 1902, to Dr. Ner D. Steele. Dr. and Mrs. Steele will make their home in Ranfurly, Alberta.

BIRTHS

To Dr. and Mrs. C. Vilas Martin, a son, May 23. Mrs. Martin was Miss Margaret Forrest, class of 1902, Hahnemann Hospital, Chicago.

To Dr. and Mrs. Albert M. Markle, a daughter, August 23. Mrs. Markle was formerly Miss Martha Jones, class of 1902, Hahnemann Hospital, Chicago.

OBITUARY

In Soochow, China, July 1, Miss Agnes Innis, graduate 1903 of the Massachusetts State Hospital Training-School. In the performance of her duty Miss Innis received injuries which made an operation necessary. After a long and

painful illness, she succumbed to septic poisoning. Quoting from the report of the missionary surgeon under whom Miss Innis worked: "She was talented, efficient and faithful in all she did. She held the confidence and affection of every one in a marked degree."

THE German Hospital Nurses' Alumnae of Brooklyn, N. Y., announce the death of Miss Marie Brobeck, a greatly-beloved member of the association.

DIED.—In Danbury, Conn., August 27, 1906, Miss Bertha Gilbert Russell, graduate of the Bridgeport Hospital Training-School, class of 1901, and late superintendent of Englewood Hospital, Englewood, New Jersey.

At the Toledo Hospital, Toledo, Ohio, on August 8, Miss Emma Theurakauff. Miss Theurakauff was a member of the class of '03 and her death followed an operation for appendicitis.

AMERICAN JOURNAL OF NURSING:

A number of nurses are doing *relief work* in San Francisco, and will continue to do so throughout the winter. The Treasurer of the Spanish American War Nurses will receive contributions for above during next few weeks. Send contributions to

REBECCA JACKSON,
Box 25, Overbrook, Pa.



GRAND RAPIDS, MICH., is to have nurses in the public schools. The work of the school nurses will be carried on under the direction of the District Nurses' Association. For each nurse devoting her time to this work the Board of Education will pay the association \$10 per week. The association will furnish a head nurse. Each nurse will be given a badge and the authority of a truant officer and will be expected to help the truant officer in securing the attendance of youngsters who like to skip school. The school board will furnish an inexpensive outfit for each school, as well as a small room wherever possible. The school nurses are to work in the schools during school hours and in the homes at other times. They are to detect and prevent contagious and infectious diseases, give immediate attention to minor illness, look after cases of uncleanness, give instruction to parents in the care of children, recommend medical attendance when necessary, report unsanitary conditions in and around school buildings.

The Board of Health is still debating the question of medical inspection in the schools, but the action of the Board of Education in arranging for nurses will probably bring a decision in regard to medical inspection.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON GENERAL FOR TWO MONTHS ENDING SEPTEMBER 18, 1906

BAUER, MRS. CHRISTIANA M., appointed chief nurse at the Military Hospital, Zamboanga, P. I.

BEIDLER, CORA A., formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

BOLINER, OLIVE H., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAEFNER, EMMA, transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

HALL, MRS. MARY B., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAMMETT, ANNIE M., transferred from Camp Keithley, Mindanao, to Fort William McKinley, Rizal, P. I.

HANSON, BERENICE E., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

JAMES, AGNES F., transferred from the Base Hospital, Iloilo, to Camp Keithley, P. I.

KALLEM, HANNAH A., ex-army nurse, reappointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of City and County Hospital, St. Paul, Minn., 1894.

KROGH, MARY EMMA, appointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of the Homeopathic Hospital, Pittsburg, Pa., 1904; served after graduation as assistant superintendent and superintendent of nurses at that hospital.

LINDLEY, LAURA L., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

MCCORMICK, ELIZABETH F., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MARKER, IDA MAUDE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MOORE, NELLE, transferred from Camp Keithley to Division Hospital, Manila, P. I.

PICKEL, HELEN M., transferred from Benicia Barracks, California, to the General Hospital, Fort Bayard, New Mexico.

REID, ELIZABETH D., appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal. Graduate of Oil City Hospital, Pa., 1905.

RICHMOND, EDITH L., returned to Zamboanga from detached duty at Jolo, P. I.

SANDERS, MINERVA A., appointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of German Hospital, San Francisco, 1906.

SHAW, EDITH MAY, returned to Zamboanga from detached duty at Jolo, P. I.
WILLIAMS, ETHEL EDNA, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HESTERMAN, JOSEPHINE R., graduate of St. Joseph's Hospital, Reading, Pa., 1906, appointed to date September 18, and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

MEUSER, GRETTE B., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

MOORE, MARGARET, recently arrived in the Philippines Division, reported at the Division Hospital, Manila, awaiting assignment.

RIEDT, JOSEPHINE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed September 4.

SEXTON, KATHERINE V., transferred from the German Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed September 4.

SHERA, ANNIE M., transferred from the Base Hospital, Iloilo, to the Division Hospital, Manila, P. I.

SMITH, CATHERINE, recently arrived in the Philippines Division, reported at the Division Hospital, Manila, awaiting assignment.

TIMME, MINNA C., graduate of Long Island Hospital Training-School, Boston Harbor, 1904, with a post-graduate course in the General Memorial Hospital, New York City; appointed to date September 15, and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

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President, Miss M. H. McMILLAN, Presbyterian Hospital, Chicago, Ill.
Secretary, Miss BENA HENDERSON, Children's Hospital Society, 79 Dearborn Street
Chicago, Ill.

LOUISIANA STATE NURSES' ASSOCIATION.

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Secretary, Miss OLIN NORMAN, 1517 Antonine Street, New Orleans, La.

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